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Fig. 1.

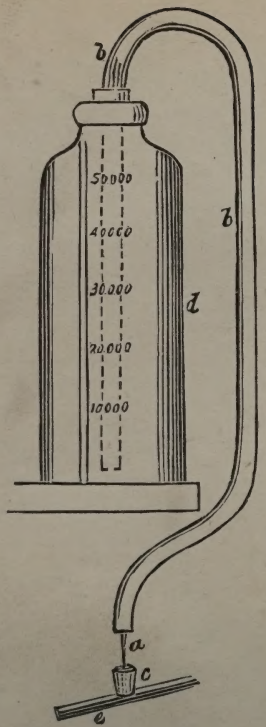
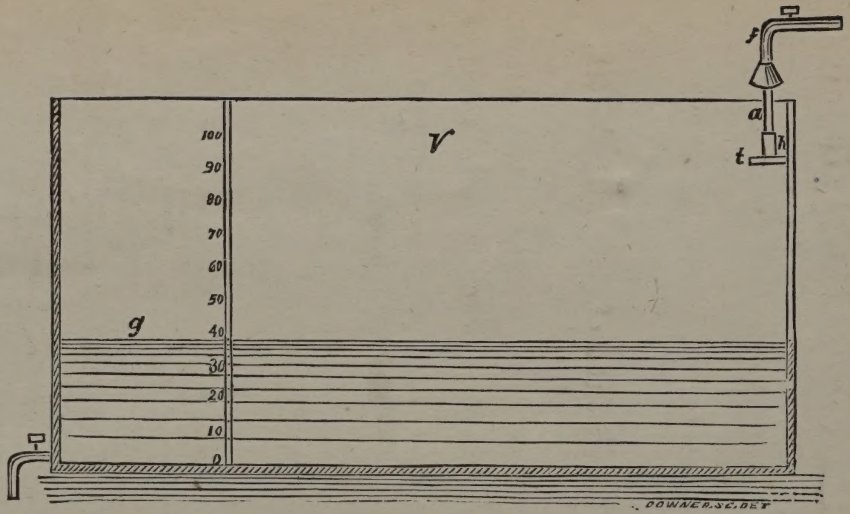


Fig. 2.



FINCKE'S PROCESS OF POTENTIATING.

(See Page 9.)

THE

AMERICAN OBSERVER;

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA,

Surgery, Practice of Medicine,

OBSTETRICS, DISEASES OF WOMEN AND CHILDREN,

PATHOLOGY, MICROSCOPY, MEDICAL JURISPRUDENCE,

PHYSIOLOGY, PHARMACOLOGY, POSOLOGY, CHEMISTRY,

TOXICOLOGY, BOTANY AND HYGIENE.

"In certis unitas, in dubiis libertas, in omnibus charitas."

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W. S. Searle, M. D., Clinical Medicine.
S. Lilienthal, M. D., Foreign Translations.
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Thomas Nichol, M. D., Diseases of Women and Children.

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VOLUME IX.

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Introductory.

In looking over our subscription list, we are very much pleased to find that a very large number of subscribers have taken it from its commencement, eight years ago. They have doubtless watched its progress with an interest akin to our own. It is most gratifying to be assured that its monthly visitations have been welcomed by thousands of physicians and students. We claim but a small share of the praise that is awarded to "*The American Observer*;" as the labor of our colleagues and correspondents have mainly made it a success, and we have merely performed some little work in organizing the forces that have been engaged.

The commendations given move us to increased exertions to make it as meritorious as it is popular. As a sample of the recommendations received we print the following:

"An invaluable journal."
"Welcome as an old friend."
"Its appearance and contents much improved."
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"Your journal is yearly making great advancements in usefulness, and I trust is as independent in its finances as is scientific and truthful."
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"I find by the *Observer* I can almost keep pace with my profession, without the other journals."

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"I should not like to do without it, as I get very many valuable ideas from its pages."

"Being a so-called country practitioner, not enjoying the privilege of daily communion with my fellow homœopaths, I have learned to rely in a measure upon the *Observer* to supply the deficiency, and am more than satisfied with the result. I await its monthly appearance anxiously, and devour its well-filled and interesting pages with pleasure *and profit*."

"I had thought to discontinue the *Observer*, owing to the multiplicity of papers on my table, but it has got to be one of the family, and I must have it."

"It is a valuable paper, and your indefatigible industry and perseverance will donbtless assure you success in its publication."

"I much prize its short and practical statements."

"When I received the first number of Vol. I., I said to myself, 'this can be of no service to *me*, it has only a local interest, if any, to any one;' but some slight circumstances, an article I saw, and your promises, as set forth in the prospectus, determined the question, and now its title-page is *like the face of an old friend*."

"I send you the amount of subscription. I thank you kindly for sending it so promptly. It is something I always expect just about the time it comes, and feel a little restless if much delayed. I love to read its pages. The articles are eminently practical, and I can extract something every month which I can apply with benefit to the variety of cases which I am called upon to treat."

"I have been trying journals from other points and find that I much prefer the *Observer*."

IMPROVEMENTS CONTEMPLATED.

We desire to make the ninth volume superior to the issues of any of any of the previous years, and will endeavor not to disappoint any reasonable expectations of our friends. To attain to this measure of superiority, we have secured the continuance of the present corps of editors and have also enlisted the services of other esteemed writers. We have also new type, experienced printers, better paper, and an improved cover, which will give the journal a better external appearance. The quality of the articles printed will doubtless be richer from month to month.

SURGERY.

Illustrated articles. Our Surgical Editor, Prof. BUSHROD

W. JAMES, was prevented by sickness, and other causes, from preparing as many illustrated papers as he contemplated; we are pleased to announce that these papers will be speedily resumed. The present number will contain several original articles, and others, of the most practical character will follow regularly.

PRACTICE OF MEDICINE.

W. S. SEARLE, M. D., retains editorial charge of the clinical department of the journal, and reports of treatment of all forms of diseases, with homœopathic remedies, will be printed from month to month. Contributions should be sent to him, addressed W. S. Searle, M. D., 132 Henry-st., Brooklyn, New York.

DISEASES OF WOMEN AND CHILDREN.

THOMAS NICHOL, M. D,, will continue to edit this department, and articles from his pen may be expected regularly. Contributors will oblige by sending their papers, in relation to diseases of women and children, direct to him, for approval. Address, Dr. Thomas Nichol, Montreal, Province of Quebec, Canada.

HOMŒOPATHIC MATERIA MEDICA.

Prof. HALE has written for our pages from the first number. During the present year we expect to publish a series of elaborate and practical papers, which will be worth more to any physician than the price of the whole publication for the year. The *Observer* will aim to keep in the advance rank of a true scientific progress in all its departments, but especially so as respects *Homœopathic Materia Medica.*

PATHOLOGY AND MICROSCOPY.

Prof's S. A. JONES and D. A. COLTON remain editors of this department, as heretofore. The present number contains one of Dr. Jones' characteristic papers, and others of equal value may be looked for. Prof. Colton was one of the sufferers by the late conflagration in Chicago, and has the sincere sympathies of his colleagues and all our readers. We hope that his energies will enable him to speedily recover from all losses. The

articles we have published from his pen were highly spoken of, and we trust he will be able to send us several other scientific papers during the year.

TRANSLATIONS FROM FOREIGN JOURNALS.

Prof. LILIENTHAL has enriched the pages of the *Observer* with a large number of excellent translations. Others appear in the present number. We know that our readers appreciate Dr. L.'s labors and will be gratified at the announcement that they are to be regularly continued. An article in the present number gives the best allopathic treatment of pneumonia; it will be instructive to compare this with homœopathic medication.

PHYSIOLOGY AND PRINCIPLES OF MEDICINE.

Prof. GATCHELL'S impaired health has prevented his writing for any of the journals the past year. He has not written for our pages as regularly as he desired, yet his interest in our success is unabated, and we have the promise of several papers from his pen as soon as his physical condition will permit.

CHEMISTRY AND TOXICOLOGY.

Some little attention will be had to these branches, but we do not expect to have space to spare for any lengthy papers.

PHARMACOLOGY AND POSOLOGY

Will receive more attention than heretofore, and pharmaceutists will probably find one or more pages in every number worthy of their special attention.

HYGIENIC OBSERVATIONS

Will not be wholly neglected, but we are aware of the views of our practitioners that the laws of health should occupy rightly only a subordinate place in a journal mainly devoted to the use of physicians who look for instruction as to the treatment disease.

MEDICAL JURISPRUDENCE.

Articles of interest to every physician in active practice, by competent writers, will be published during the year.

OBSTETRICS.

The obstetrical department, hitherto neglected, will meet with much more attention, and it is expected that this department of the *Observer* will become one of the most interesting and instructive.

HOMŒOPATHIC INTELLIGENCE.

This department will be cultivated assiduously, so that our readers will be posted from month to month to as great an extent as our space will permit, in relation to all that is tranpiring in the medical world.

THE LAUGH CURE

Did not get its allowance of one-fiftieth part of our space, last year. We have collated a large number of medical anecdotes, &c., and will print a page of them occasionally.

EDITORIAL RESPONSIBILITY.

Although retaining a supervision of the journal, as general editor, and revising many contributions, we never pretend to make any modification of the articles sent by our editorial colleagues, and trust it will be understood that each editor is responsible for the articles which appear in his own department and for no others.

PUNCTUALITY IN PUBLICATION.

Having resumed our own printing office, and secured the services of competent compositors, we may promise promptness in publication by the first day of each month, and the absence of the errors which disfigured our pages during past years.

E. A. L.

Pharmacology and Posology.

THE FINCKE PROCESS OF POTENTIATING.

Perhaps no one has more emphatically condemned the morale which permitted the patenting of this process, than the writer; and it is equally possible that no one has kept the question of the efficacy of potencies so prepared more strictly *sub judice.* In presenting to the reader the details of Dr. Fincke's processes, we still regret and condemn the procuring of the patent; but, while we recognize in the patenting a question of ethics, we do insist that these processes involve a question of science. We believe that a true physician has an abnegation of self which leads him to abhor letters patent. We also believe that a true physician must realize the imperative duty resting upon him of determining such a question of science as is involved in the Fincke process of potentiating. To condemn it *a priori* is to repeat in the 19th the mistake of the 18th century; and surely every homœopath should learn from Hahnemann that every question of fact, or, if you will, of experiment, is a matter for research rather than for rhetoric. Hufeland asked: "*What effect can 1/100,000th part of a grain of Belladonna have?*" Suppose he had only *tried it;* "imitating exactly," not playing an Andral-farce! But such a dose defied the ample mantle which the friendship of Hufeland would have thrown around the learning and the genius of Hahnemann.

This was in 1801, and *then vox populi* was the orthodox *vox Dei.* Just seventy years later, an English physician, to whom not only knowledge but also wisdom has come, says: "The therapeutic action lies so near the limit of physiological action that *the doses extending from the crude substance to the 3rd dilu-*

tion fulfilled all the requirements of practice."* Is the *vox Dei* of 1801 only *vox diaboli* in 1871? Depend upon it, one does not necessarily hear only the Devil's voice in a "minority report."

By publishing Dr. Fincke's process we are enabling every truly philosophical physician to make his own experiments: to do so with the knowledge that he is trying such and such a potency. If conviction follows, the inventor must receive that honor which is his due. At present too many award him only a most illogical and absolutely unjust condemnation; and these are, as a rule, the thin-skinned, who fear the cheap gibes of old school infallibility—the Hufeland incredulity with its *why?* instead of *try!*

That a Fincke potency, say 1*m*, contains the same proportion of the drug as a Tafel 1*m*, does not follow. Indeed, as some have urged, Fincke's numerals may not rightly express the true denominators of his potencies. It will be observed, that while Dr. Fincke's specification states that a "vial" is employed in his process, the accompanying engraving shows a small *tumbler* as being used. Evidently the result can not be the same with either, as a few experiments with a solution of aniline will show.

We purpose some experimental researches, with micro- and spectroscopic examinations. The results, however, can only be, at the best, approximative, for in every question of dose, the final appeal must be made, not in the laboratory, but in the living organism. If *it* responds to the 100*m*, from such premises as would lead another to exhibit the 3rd centesimal, the *ergo* is as inevitable in the one as in the other. The majority may laugh, the minority can well afford to wait.

The reader is indebted to Prof. T. F. Allen for the details of Dr. Fincke's process. He desired to teach the class of the N. Y. Homœopathic Medical College every method of preparing our remedies, and by applying to the proper authorities, obtained a copy of Dr. Fincke's "Letters Patent." He committed the same to us for publication, in the belief that a full statement of the process would secure a fair examination of it.

S. A. JONES.

* British Journal of Homœopathy, Vol. XXIX, p. 792.

IMPROVED PROCESS OF PREPARING HOMŒOPATHIC MEDICINES.

Bernhardt Fincke, of Brooklyn, New York, Assignor to F. Gustavus Fincke, of same place. Letters Patent No. 93,980, dated August 24, 1869. The Schedule referred to in these Letters Patent and making part of the same.

TO ALL WHOM IT MAY CONCERN :

Be it known that I, Bernhardt Fincke, M. D., of Brooklyn, in the county of Kings, and State of New York, have invented a new and improved method of potentiating substances ; and I do hereby declare that the following is a full, clear. and exact description thereof, which will enable those skilled in the art to make and use the same, reference being had to the accompanying drawings, forming part of this specification, in which—

Figures 1 and 2 represent sectional elevations of the apparatus most convenient for carrying my process into effect.

Similar letters of reference indicate corresponding parts.

The nature of my invention consists in facilitating, accelerating, and improving the process of potentiation, which is a process for gradually lessening, comminuting, attenuating, refining, rarefying, and infinitesimalizing substances by means of an indifferent vehicle in certain proportions.

This invention relates more particularly to the process of potentiating by dilution, so as to obtain higher potencies than ever reached before, and in less time, and with less labor and expense than it could be done without my invention.

In order to explain I will first describe the original modes of potentiating by dilution, as invented by Hahnemann and Korsakoff, and used hitherto by homœopaths only, and then describe my new process of preparing high potencies by dilution.

Potentiation was first invented, and used for medical purposes, by Dr. Samuel Hahnemann, of Saxony, and his process was as follows :

Vegetable substances, yielded by a living plant, were pressed, and their juice mixed with equal parts of absolute alcohol, thus forming what he called a *tinctura fortis*. From that he made attenuations in this way :

Two drops of *tinctura fortis* were put into a vial with ninety-eight drops of nearly absolute alcohol. This mixture was shaken twice, and was called the first potency.

Of this first potency, he took one drop, put it into another vial with ninety-nine drops of alcohol, shook it, and called it the second potency ; and the same process was repeated, thus producing the third and consecutive higher potencies, reaching as far as the thirtieth potency.

Of dry substances, such as minerals, powders, &c., he took one grain, triturated it with ninety-nine grains of powdered milk-sugar for one hour, and called it the first potency.

Of that first potency, he took one grain, triturated it again with ninety-nine grains of powdered milk-sugar for an hour, and called it the second potency.

One grain of the second potency, triturated for one hour with ninety-nine grains of milk-sugar, gave the third potency.

Of this third potency, he took one grain, dissolved it in ninety-nine drops of a mixture of pure alcohol and distilled water in equal parts, and shook it, and thus produced the fourth potency.

The further potencies were then made in the same manner as above mentioned for diluted potencies, by shaking one drop of the fourth potency with ninety-nine drops of alcohol, and so on, successively, until he reached the thirtieth potency.

The potencies so made, from the third upward, are known as dilution potencies, and the scale he used for marking the degrees is known as the centesimal scale, (1 : 100.)

This is what is known as the Hahnemannian method. The same was very inconvenient, as a great nnmber of vials had to be used to produce a still inconsiderable dilution.

Count Korsakoff, of Russia, afterwards discovered a modification and improvement of Hahnemann's method, which was accepted by Hahnemann.

His process is as follows :

He mixed one drop of *tinctura fortis* or potency, or one grain of a dry substance or trituration, in a vial with one hundred grains of water, shook it, and poured it out with a jerk, leaving about as much as one drop remaining in the vial, and this one drop was his first potency.

This remaining drop he mixed with ninety-nine grains of water, shook the mixture, poured it out, again leaving one drop, thus making the second potency ; and thus he proceeded successively up to the thirtieth potency, and so on, successively, he reached the fifteen hundredth potency.

Whichever potency he wanted to preserve, he prepared by adding one hundred drops of alcohol to the remaining drop of the potency obtained, and by shaking it twice with the arm.

Korsakoff's dilution potencies are known as dilutions on the remaining drop, and his scale is the Hahnemannian centesimal, modified.

His process, although a decided improvement on Hahnemann's, is still very tedious, as each potency has to be produced by manual labor with close attention.

There are several other modes of potentiating by dilution known to and used in homœopathy for the preparation of remedies, but they are all on the Hahnemannian or Korsakoffian plan, more or less modified as to scale and proportion between vehicle and substance, and as to succession.

The process here in question, which I have invented for making high dilution potencies, although resting on the general principle of potentiation discovered by Hahnemann, is new in its principle of operation, and in its mode of carrying it into operation, and the following is a full and exact description of the process :

The principle of operation is that of fluxion, by which I mean a regulated flow of water, as vehicle, upon the substance to be potentiated or diluted in certain proportions.

The mode of carrying this principle into operation ean be varied at pleasure, but I prefer the two methods hereinafter described, which may be used separately or in succession.

In the first process, the vehicle is measured before bringing it in contact with the substance to be potentiated, while, in the second process, the liquid is measured after it has flown over the potentiated substance. Either process may be carried into effect by various means. I will describe one for each process.

If the substance to be diluted is soluble in water, as, for instance, *Natrum muriaticum*, 1/100 part of a drachm of it is dissolved in 99/100 parts of one drachm of distilled water, and this is its first dilution potency.

If it is insoluble in water, as a metal, or if it is an organic substance, of which it is not certain that it dissolves all its essential parts in water, one grain of it is raised to at least the third potency by trituration, according to the Hahnemannian method.

This potency is dissolved in distilled water, in the proportion of one grain to one drachm.

If it is a *tinctura fortis*, at least the third dilution potency is prepared according to the Hahnemannian or Korsakoffian method, on the centesimal scale, by using alcohol as a vehicle. Any substance so prepared is the potency on which the fluxion starts.

Such potency is exposed to a continuous flux of water, in a vial, holding, say, one and one-half drachm of water, and containing, say, one drachm of potency, by means of a small tube or jet.

If a small tube, *a*, is used, as indicated in fig. 1 of the drawing, it is secured to the lower end of a syphon, *b*, drawing the water, and reaches with its fine end near to the bottom of the vial *c*.

The water is filled in glass jars, *d*, of certain dimensions, holding, say, thirty, two hundred, five hundred, one thousand, and five thousand drachms, respectfully, into which the glass or other siphon *b* is brought with its short end.

The jar is provided with a graduated scale, which designates the degrees of dilution by indicating the quantity of water.

The continuous flow of the water upon the potency in the vial, adjusted es aforesaid, effects the dilution of the same, and may be continued to any given degrees corresponding to the amount of influx and efflux from the jars through the tube *a* in and out of the vial.

The vehicle in the jar, it will be seen, is measured before it is brought in contact with the substance in the vial.

After having diluted the substance, it flows over the mouth of the vial, and is or may be carried off in a gutter, *e*.

When the desired degree of dilution or number of potency is reached in the vial, by having allowed the required corresponding quantity of vehicle to flow through the vial, the tube *a* is removed, the fluid contained in the vial, being the fluxion potency, is put into a new vial for use or further potentiation, or if intended for preservation, the vial is emptied with a jerk, leaving about 1/100 drachm of the contents in it, and 99/100 drachm of alcohol is added to it.

The vial so refilled is or may be again exposed to fluxion, as above described, until such further potency is reached as may be desired.

When the tube *a* is removed, the vial is emptied to the remaining drop or 1/100 drachm, and filled with alcohol, as aforesaid.

Different vials and tubes *a* must be used for different substances to be potentiated.

The second process, when the liquid is measured after it flows from the vial, consists in exposing the vial, holding, say, one and a half drachms, and filled with, say, one drachm of substance and vehicle, or potency, prepared as above described, to a fine stream or jet of flowing water at a distance of about one inch, said jet having power enough to reach the bottom of the vial, and to cause the liquid to bubble in the vial.

The required pressure is obtained and regulated by a faucet, *f*, arranged above a tank, *g*, as in fig. 2, the vial *h* standing on a platform, *i*, in the upper part of the tank.

The water, before it reaches the vial, may be brought through a filter.

The water-tank is so constructed as to be of certain dimensions, holding, say, twentythousand drachms conveniently.

The measures, say, of five thousand, ten thousand, fifteen thousand, and twenty thousand drachms, are marked on a scale on the inside of the tank, so that the height of water in the tank can he easily ascertained. These numbers designate the degrees of dilution.

The potentiating vial is placed upon the platform *i* in the tank, at a

distance of about one inch between the mouth of the vial and the end of the faucet, or of a small pipe secured therein.

The stream is regulated by the faucet, so as to secure a steady, gentle ebullition of the water in the vial.

The faucet being turned on, a fine thread of water is, with some force, projected into the vial upon the potency ; a fine foam ensues, followed by a constant bubbling of the fluid in the vial, and out from it.

As often as the amount of water flowing over out of the vial into the tank reaches the level of the water marked by the numbers aforesaid, the corresponding degree of dilution or number of potency is reached and obtained ; the faucet is turned off, the vial removed ; the fluid contained in vial, being the fluxion-potency, is put into a new vial for use or further potentiation, or, if intended for preservation, the vial is emptied with a jerk, leaving about 1/100 drachm of the contents in it, and 99/100 drachm of alcohol is added to it.

The tube *a*, reaching to the bottom of the vial, may be used, if desired, also in the second-described process of measuring the flown-off liquid.

It will be seen that for the purposes of potentiation by fluxion, the proportions of substance and vehicle, and of the flux and the vessels, may be arranged and varied in any desirable ratio.

In the above, I described the arrangement on the centesimal scale, which is an improved adaptation of the Hahnemannian scale.

The centesimal scale, if adopted in the fluxion-method above described, appears as follows :

In the first-described process, the substance and vehicle in the starting potency stand in the ratio of 1 : 99, and both fill the vial in that ratio.

Hence the potentiation proceeds in every differential of time in the same ratio of 1 : 100, *i. e.*, centesimally, as long as the flow continues, and at every moment of discontinuing the flow, the potency contained in the vial is a centesimal dilution, designated by the number expressing the sum of deflexion in the jar, this number being the measure of the water applied and flown in the vial.

Equally so in the bubbling fluxion, or last-described process, there is only one drachm of substance and vehicle in the vial, which is equal to 1/100 drachm of substance + 99/100 drachm of vehicle = one drachm of potency, and hence every dilution so obtained is necessarily centesimal. But any scale may be used in the process of fluxion herein described, and I do not confine myself to any special arrangement of proportions.

For medical purposes, I use the centesimal scale as the most practical and safe.

If the proportions are extended to the ratio of 1 : 1,000 or 1 : 10,000 or 1 : 100,000, or otherwise, the process is adjustable accordingly, and the principle and operation are the same, only it will require a larger space than convenient for the average of practising physicians ; also a stronger or weaker jet will have to be applied, as the case may be.

In that case the expense will increase, and so will the difficulty of control and the chances of error, while the apparent gain of refinement and time will be lost, perhaps, through the unwieldiness of the operation.

Considering that a drop of a high potency is sufficient to perpetuate it for all time, and for all mankind, it is easy to perceive that there is more practical advantage in the little than in the great analogously to the homœopathic remedies, which are beneficially and peculiarly efficacious in their state of infinitesimality.

The improvement and extended application of Hahnemann's centesimal dilution are observable in the fluxion-process, in this, that the new process supersedes the necessity of using large quantities of different vials, and of

filling, emptying, and refilling the vials, for the preparation of each potency at each degree, and that with the new process, the potentiation through the different degrees is or may be carried on in one vial at the same time, in continuous succession, by the natural flow, pressure, or motion of water itself, thus effecting the dilution of the substance constantly in infinitesimal quantities of vehicle and time in certain degrees, and more thoroughly than by the old methods, and at the same time replacing the separate shaking of each potency, by the constant and continuous motion of the flux in infinitesimal quantities of action, and securing, throughout, a more intimate mingling of vehicle and substance in the given proportions, and by it the gradual lessening, comminution, dilution, attenuation, refinement, rarefaction, and infinitesimalization of the substance to any degree *ad libitum*, with a great saving of labor, utensils, expense, and time.

The process of potentiating by fluxion, as invented by me, may be carried on and up to any degree. It may be started from any given potency or high potency. In fact, I make by it high dilution potencies for medicinal purposes in pulses of thirty, two hundred, five hundred, one thousand, and five thousand drachms, and thence to one hundred thousand drachms centesimal, or upward, by the first process, (scaturient fluxion,) and such potencies of medicinal substances are already tested, and found useful by homœopaths for curative purposes.

The centesimal potencies I raise by bubbling or ebullient fluxion in pulses of twenty thousand drachms, and in this manner I have already obtained the one millionth potency, (M,) and of some materials even the two millionth, (2M.)

In conclusion, I may say the fluxion-process will enable every physician to potentiate his own remedies to any degree desired, and in this regard, as from the automatic nature of the process, it might well be called self-potentiation, the usefulness of which is apparent, self-potentiation being as important to every good and true physician as self-dispensation.

The apparatus can be varied indefinitely, and I do not confine myself to any specific kind of construction of such.

What I claim as my invention, and desire to secure by Letters Patent, is—

1. Effecting potentiation by the peculiar mode of dilution, called fluxion, substantially as hereinbefore set forth.

2. The process of potentiating by carrying the vehicle to the bottom of a vial, by means of a tube or jet, substantially as herein described.

3. Producing infinitesimal gradual dilution in one vial, by continuous motion of the vehicle.

4. Measuring the potentiating-vehicle before it enters the vial, or other receptacle of the material to be potentiated, for the purpose of ascertaining the degree of potentiation, as set forth.

5. Measuring the potentiating-vehicle by measuring the liquid which flows away from the vial, or other receptacle of the material to be potentiated, to ascertain the degree of potentiation, as specified.

B. FINCKE, M. D.

Witnesses:

R. HERING,

B. SHERK.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

BROMIDE OF POTASSIUM IN EPILEPSY.

Discussion of the Socie'te' Medico-Psychologique on its use.

Dr. I. Fabret reports, that it is usually well borne, and only after the dose has been pushed to 3–4 grammes. (60 grs.,) daily, it produces irritation in the mucons membrane of the throat and stomach. More frequently we find it to affect the skin, producing there acuminated itching, burning points, especially in the shoulder and in the region of the neck, showing some similarity to acne. Just those patients, where the skin becomes easily affected, are more amenable to favorable results. The intensity of the cutaneous symptoms increases with the larger dose of the Bromide, and may force the physician to abstain from its further use. Another consequence of its long-continued use is emaciation and a decline of sexual power. He gives, morning snd evening, half a gramme, (about 8 grs.,) increasing the dose from week to week, up to 4 grammes, or as long as no outward symptoms are observed. With the appearance of its physiological effects, the epileptic fits begin to decrease. It is then time to keep on with the remedy in the same dose for about a month, and in some obstinate cases he even increases the dose to 7 and 8 grammes (2 drams), a day.

Voisin has even increased it to eleven grammes. To get its full effect, the Bromide must be given for a long time, even for several years, and after that the dose must again be gradually diminished.

Fabret has given it to 50 epileptics steadily for three years. In 25 cases he saw no effect, in the other 25 cases a decided

benefit. All his cases were of long standing, had taken any quantity of medicine, and were considered incurable. Those cases will be more favorable where severe paroxysms appear at long intervals; it is of no benefit whatever in the *petit mal*, or where there are complications with mental alienations. Where it acts favorably, the night fits disappear sooner than those appearing in daytime. When complicated with mania, the mania disappears sooner than the epileptic fit. Even after great improvement has set in, patients may still have four or five fits in the year,

Vertigo and sudden unconsciousness, quickly passing off again, withstand the longest to the action of the Bromide. Patients consider it the remnants of their fits.

Mental symptoms produced by large and continued doses of the Bromide are: Mental hebetude, sleepiness, even to coma, and as soon as such a state sets in, the remedy must be discontinued till its effects have passed off.

Luse'gue remarks, that Fabret does not mention its anæsthetic effect, which the Bromide exercises on the mucous membrane of the fauces and of the upper respiratory organs, by which their reflex action becomes so much diminished. Especially in well educated and actively engaged persons he observed a weakness of mind, a kind of stupor, after a long use of the Bromide.

Voisin remarks, that there is no connection between cutaneous eruption and a decrease of the epileptic fits, and he saw cures after large doses of the Bromide without any cutaneous affection.

Fabret replies, that he never saw a case without a preceding eruption.

Morel is for smaller doses, 1 to 4 grammes daily in combination with hydrotherapeutics. He uses it also with benefit in patients with mental diseases, who suffer from spermatorrhœa.

Le Grand du Saulle considers the ill effects to be mostly produced by the impurity of the commercial article, 138 cases were treated by the Bromide. Cured 10, (no fit in 18 months,) greatly improved 19, ameliorated 45, no effect 64.

In consequence of the too long continued use of the Bro-

mide, marasmus and emaciation may set in, which endanger the life of the patient.

Voisin considers as favorable symptoms during the use of the Bromide : sleep, no vomiting nor cough at the touch of the posterior wall of the palate ; in short, no reflex action ; the sexual nisus diminishes or ceases, and there is a general relaxation and heaviness of the extremities.

Infantile epilepsy is harder to cure with the Bromide than that of grown persons.—(*Annales med. psychol.*)

TEMPERATURE OF THE CRANIAL CAVITY.

BY DR. MENDEL, OF PANKOW.

Frick has already shown, that the normal temperature of the cranial cavity is less than that of the body. Jacobson and Bernhardt also describe the temperature of the blood, which courses through the vena cava superior, less elevated, and therefore the blood in the right cavity cooler. Mendel verifies all of this, and constantly found, in a normal state of health a difference of 7/10 to 1° between the temperature of the cranial cavity and that of the rectum, in dogs and rabbits. Demeril and Demarquay prove, that the temperature of the body becomes lowered by the action of Chloroform, and Scheinessen shows this to be the case in man. Chloroform lowers the general temperature and particularly that of the cranial cavity. Chloral also diminishes the temperature ; whereas Morphiæ, in a usual dose, increases the temperature, but in a toxic dose, diminishes it. Mendel always gets the same result ; the fall of temperature is more rapid and more marked in the cranial cavity than in other parts of the body. In poisoning by alcohol, the temperature of the cranial cavity rises higher than the temperature of the rectum.—(*Virchow's Archiv.*)

TWO CASES OF TRANSITORY MENTAL DISTURBANCE.

BY DR. CHATELAIN, OF PREFAGIER.

1. Dr. C. was called, March 5, to M. C., who has been for several months in a melancholy mood, especially tormenting

during the morning hours, yet easily conquered by a walk or by a visit to friends. M. C. regularly attended to all his business. He only complains of periodical anguish, with rush of blood to the head.

Patient is 60 years old, a well-to-do farmer, and of a very kind and generous character.

Feb. 27. Mornings he takes a walk, without anything strange being noticed by his wife. He perambulates the village and takes the road to a little lake close by. He meets several friends, who salute him, but he fails to respond to their salutations. Arrived at the borders of the lake, he goes into the water and sits down on a stone, and quenches his thirst by drinking the water with his hand. At the approach of a boat, he slides down into the water and disappears. After some time, the boatmen succeeded in recovering his body, but it took a whole hour to restore animation. He felt greatly astonished to find himself in bed, and could not recollect anything about it. and when it was told him in all its minutiæ, he felt struck with horror. He could not imagine how he, so firm in his religious principles, should think to commit suicide, and assured his family and friends that he never harbored such a criminal thought. He was advised to travel, in company with a friend, and returned after a few weeks, in the best of humor, and his melancholy has left him entirely.

2. A mechanic, 50 years old, came into the doctor's office and gave the following narrative: About 15 years ago he had a fit of the blues, caused by false insinuations. His wife is a monthly nurse, and thus frequently from home. A neighbor remarked tbat it would be better for a woman to take care of her own household than to labor for others. From that moment he imagined that he lost the love of his wife, became gloomy and desponding. This was two years ago.

March 12th. He remains at home, his wife attends to her duties, the children are gone. He goes to church after a while, hears mass, but not feeling well, goes home and to bed.

At 3 P. M., feeling better, he dresses, takes a walk, plays nine pins with some friends, and drinks some wine; after which he feels like being intoxicated, and has to be brought home. His

wife prepares the family supper. Suddenly he is attacked by mania, breaks and destroys everything he can lay hold of; tears his wife's hat to shreds, and finally attacks his wife with the intention to strangle her. Fortunately she was able to escape.

Towards midnight he awakes from a heavy sleep, finds himself undressed in bed, his mind perfectly clear, and wonders where his wife is. Being told in the morning about his maniacal fit, he cannot imagine what could have brought it on. A few days afterwards he consulted the doctor. Patient looks well and hearty, without any pain, only during his melancholic fits a kind of weariness in the epigastric region, with nausea. No buzzing in the ears; hearing and sight perfectly normal; motory or sensory disturbances he never felt; his speech is intelligent, and he never was given to drink. His sleep has been for some time restless and unsatisfactory.

Traveling from home, in genial companionship, was also here the remedy advised.—*(Annales medico-psych.)*

THE THERAPEUTICS OF PNEUMONIA.

BY PROF. LEBERT, OF BRESLAU, PRUSSIA.

1. *Extensive and double pneumonia*, when setting in very stormy and progressing rapidly, with extreme dyspnœa and full, hard pulse, may indicate energetic antiphlogosis, venesections, emetics, etc., but in most cases double pneumonia does not run such a rapid course, and the local process has frequently passed its acme in one part of the lungs, when it only begins in another one. In our clinic such cases do very well with purely expectant treatment, although the crisis usually only takes place in the second week. With old and decrepit patients, deliria, prostration, etc., are early symptoms, with moderate dyspnœa; and though the pneumonia may be very extensive, we use excitants, as wine, moschus, (℞ Moschus 4 parts, Ammoniacum carbonic. 2 parts, spiritus rectificatissimus 60 parts, aqua dist., 20 parts, ol. menthæ 4 drops,) etc.

2. *Pneumonia icterina.* The so-called bilious pneumonia requires no specific treatment, and neither emetics nor purga-

tives are indicated, as the catarrh of the bilious ducts, if not complicated by typhus or alcoholism, is of no importance and passes off for itself. The evacuating matter cannot push away the impediment, which prevents the outflow of the bile through the tortuous portio intestinalis of the choledochus, and the old notion about such effects of emetics is anatomically and clinically ridiculous. Diarrhœa frequently complicates pneumonia, but it hardly ever reaches a degree to need tannin or nitrate of silver. Neither abstraction of blood nor tartar emetic is well borne by such patients, and we again rely on mild excitentia for the removal of the whole diseased state, as ammoniacum anisatum solutum, or an infus. ipecacuanha.

3. *Pleuropneumonia*, where early or late stitches, membraous or fluid exudations complicate the inflammation of the lungs, requires no particular treatment; we are partial to large, repeated, fly blisters, and only where large and obstinate effusions retard recovery, thoracentesis and injections in the pleura will be indicated.

4. *Pneumonia typhosa.* Where the pneumonia takes on a typhoid character from the beginning, we also prefer the expectant treatment. Never take any blood away. An emetic now and then will expel the bronchial secretion. Dyspepsia and pleuritic stitches may be removed by flying, but large blisters, ammoniac preparations, and benzoe, excite the insufficient expectoration. Wine and moschus are early indicated. In all cases of severe typhus, we use early the repeated cold bath, according to Liebermerster's method, and in some cases we find the mixture of quinine with moschus, to act well. We must keep up the strength of our patient by all means.

5. *Malarious pneumonia*, remittent or intermittent, requires large and continuous doses of Quinine.

6. *Pneumonia combined with alcoholism*, pneumonia potatorum. Neither venesection nor emetics are indicated, except in very extraordinary cases. As long as the alcoholismus is only in a light degree, the expectant treatment is also here the best, but when we find tremulousness, great irritability, or early sopor, with or without a tendency to delirium tremens, we allow

our patients their usual toddies during the whole course of the pneumonia. Their usual allowance is from 15–30 grms., (½ to 1℥,) every two or three hours, and since I began such treatment with whisky, two or three years ago, the formerly large mortality of this form of pneumonia has steadily decreased. In private practice I also allow such patients their usual port or Hungarian wines, and abstain from all debilitating treatment. The repeated cold baths quiet the nervous systems of persons used to strong drink, and ought to be more frequently applied. Of internal remedies, there is none so efficacious against alcoholism as ammonicum carbonicum pyroleosum, of which I give 3 or 4 grms., in a sweetened mixture, during twenty-four hours. Even against delirium tremens it may be given, but here the hydrate of chloral comes well into play. All topers bear well preparations of chloroform, and in stronger doses, so that they may use 6–8 grms., (90 to 120 grs.) in twenty-four hours. It tranquilizes the delirium and shows no deleterious influence on the pneumonia. Opium is not half as reliable in delirium tremens, and may act injuriously in pneumonia. When expectoration is difficult in such patients, benzoe and ammonia may help, but an emetic must be given as soon as œdema pulmonum threatens. Where collapse is feared, we still try the tinct. moschi ammoniata.

7. *Pneumonia with fœtid expectoration and gangrene.* A complication with simple fœtid bronchitis needs no special therapeutics, whereas in gangrene decoctum chinæ with acidum hydrochloricum and excitants may be indicated and symptomatically inhalations of the vapor of oleum terebinthinæ may be recommended, every three or four hours.

8, *Pneumonia lentescens* needs stibium sulphuratum aurantiæum 0.03 every two hours, in powder or emulsion. When the disease becomes very tedious, we try iodine preparations, in combination with amaris. I usually prescribe kali jod, with ext. quassia, in pills, each containing 0.05 of each; two pills three times daily, increasing gradually to five pills; exchange then this iodide of potash for iodide of iron, two to three pills, three times a day, and where the digestion allows it, give them a tablespoonful of cod-liver oil, twice a day.

Such lentescent forms rarely pass over into tuberculosis, but should it happen, we repeat, that stimulation and good nourishment is all that can be done. Every severe meddling will be injurious; for even when an abscess should form in the lungs, emetics would do more harm than good.

9. *Secondary pneumonia* forbids all energetic treatment; the expectant treatment is also here in place, and only for great dyspnœa a small venesection or tartar emetic might be necessary. In very weak patients even this dyspnœa is of asthenic nature, and rather requires the early application of excitant remedies, of moschus, of ammonicum anisatum; in fact, secondary pneumonia is in most cases of asthenic nature. With these remedies, digitalis may be combined, where there is a complication of heart disease, or where in chronic renal disease serous infiltration of the lung-tissue threatens or already exists. A somewhat more energetic general treatment may be applied to that pneumonia which arises in a complication with acute articular rheumatism.

10. *Infantile pneumonia.* The diffuse pneumonia of early childhood needs only expectant treatment, and we must always remember that the small organism of a babe neither can bear weakening nor medicinal disease. Only great dyspnœa and an overloading of the bronchioles of the diseased lung, with bronchial secretion, with insufficient expulsion of it, may indicate an emetic, but here only ipecacuanha 1.06 with 40.0 syrupus ipecacuanha, well mixed together, a teaspoonful every quarter of an hour, till emesis follows. Older and stronger children may bear a very small dose of the tart. emetic, instead of the Ipecac. At no age do we witness so much alleviation from a well-applied emetic, as in early childhood; yea, we sometimes must repeat it two and three times; still its use must not become an abuse, and should the dyspnœa continue, a small blister, applied only for a very short time, will produce the wished-for amelioration; and after the most threatening symptoms are again removed, expectorant treatment is again the best. I have learned to be extremely careful in the use of calomel during infancy, and where in sthenic pneumonia it should be exceptionally indicated, I give small doses of 0.01,

every three hours, and omit it as soon as diarrhœa sets in. Far more frequently 5–10 drops of the tinct. moschi or some wine will be necessary for a tendency to collapse, for insufficiency of expelling the bronchial secretion, sopor and coma.

Pneumonia of larger children is rarely ever dangerous, and ought to be always treated on the expectant plan. The exceptions are very rare where abstraction of blood should be necessary, aud here a small venesection is preferable to leeches. During the last twelve years we have never applied a leech in pneumonia, and if medicine is necessary, tartar emetic will answer every purpose. Calomel is not near so effective as tartar emetic, and usually is not wanted. If resolution becomes tardy, small blisters may hasten it. Complicating cerebral manifestations need no special treatment, and the least venesection; cold compresses on the head will bring relief. Ecclamptic accidents pass over for themselves, and should they last too long, we prescribe small doses of zincum lacticum and calomel, of each 0.01 every two hours, and add to the beverages three teaspoonfuls of syrupus ætherei sulphur. As soon as amelioration sets in, good nourishment is the best analepticum, and where debility retards the resolution, some mild preparation of iron may be needed.

11. *Pneumonia senile* needs very careful treatment; nothing which could diminish the fleeting powers of life must be given, and we rely nearly entirely on chininum, 1.0 to 1.5 in twenty-four hours, and as soon as the strength of the disease is broken, amara and tonica are required, as the tinct. chinæ composita with syrupus corticum aurantium, decoction of Iceland moss with milk, and good nourishing diet during the whole course of the disease.

Expectation is not nihilismus, and principial expectation knows exactly when and what remedy is needed. and by applying or witholding it at the right time, we pursue the only scientific treatment.—(*B. K. W., No 43, 1871.*)

EDITORIAL REMARKS.

"*Post hoc ergo propter hoc*" lies prostrate at the foot of expectant treatment, and many a laurel of splendid cures is thus plucked from the brows of old and new physic. Kafka,

(Vol. I., p. 201,) hits the nail on the right spot when he says: "A curative remedy must stop the pneumonic process in its further development and shorten it of its natural duration." According to Kafka, Iodine and Bromine are the specifics for fibrinous, plastic inflammation of the lungs, as they are also for the upper part of the respiratory organs, and among their characteristic spmptoms we find the oppression in chest, the dyspnœic cough, the blood-streaked exudation. What the moschus and the wine are to our allopathic brethren, phosphorus is to us; it prevents collapse, it loosens the infiltrations and produces easy expectoration. It is, in fact, our great analepticum. We also, like the old school, consider the antimon. tart. a great remedy in pneumonia, but not only on account of its emetic power, but on account of such characteristics as: large collections of mucus in the bronchial tubes, expectorated with great difficulty, with danger of threatening paralysis, as we so often find it in infantile and senile pneumonia. With these three or four remedies, to which we might add Sulphur, for tubercular inflammation in the apices of the lungs, we may challenge the old school in the treatment of pneumonia, for our specific treatment shortens the disease, and reconvalesence is hardly felt, for sickness gives way quickly to full restoration.

CHLOROFORM.—Dr. Baillie recommends, in apparent death from chloroform narcosis, to put small pieces of ice in the rectum. It produces a deep inspiration, which is soon followed by natural breathing. In asphyxia neonatorum it may be used with advantage.—*(The Doctor.)*

HÆMATURIA.—A woman, 76 years old, has suffered for 26 years from irregular paroxysms of hæmaturia, which are painless and do not affect her health. It first set in at the cessation of menstruation, and every treatment failed to arrest it. Dr. Stevens considers it vicarious for the cessation of the monthly turns.—*(R. M. S.)*

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

HOMŒOPATHIC SURGERY—WHAT IS IT?—Editors *Pacific Medical and Surgical Journal* ask: "Can any one tell what is meant by homeopathic surgery?—how the law (?) of 'similia similibus' can apply to the use of the scalpel, the ecraseur, the ligature? If a man is stabbed can he be cured by a little more stabbing, in a small way? If he have a ball fired into his corpus, can be be saved by shooting him with diminutive bullets, dynamic or potentized, or what not? If one be bleeding to death from a wounded artery, can similia similibus save his life by cutting another artery? The expression 'homœopathic surgery,' is absurd in itself. You may as well talk of homeopathic farming, or homeopathic mining. A homeopathist may practice surgery, but in doing so he must tread in the footsteps of the regular schools. He can strike out no new course. He cannot apply his favorite 'law' to surgical art. On the contrary it comes in to balk him at every step; to shake his confidence in himself, and to make his hand tremble. In attempting to practice surgery he enters the camp of his enemies, whom he has always denounced as murderers, and accepts their guidance and employs their weapons. His puny straw of *like to like* he has left outside.

"A 'homeopathic surgeon' is a fabulous animal, having no real existence.' 'Homeopathic blacksmith,' 'homeopathic cobbler,' 'homeopathic shoe-black,' would be just as appropriate—the last-named indeed more so, because shoe-blacks do apply the law of similia similibus. Hahnemann had no knowledge of surgery. He ignored it. He scarcely ever mentioned the word; nor did his early followers. They were ashamed to follow the teachings and the practice of the men whom they denounced. They have had half a century of existence, with much increase and success, say they. But not a man among them has ever done anything for surgery. Not a single homeopathist in Europe or America has ever identified himself with it. Not a single name have they given to the history of sur-

gery, in a period effulgent with the splendid achievements of the regular schools."

REPLY.

Our editorial medical friend of the *Pacific* seems to be seriously benighted and befogged upon a very clear, plain subject. Every sensible physician and surgeon knows that the cases which require surgical treatment, need also, in many instances, in fact, nearly all, some remedies or medicines administered to them in conjunction with the surgical aid. A surgeon of the "regular" school would adopt allopathic treatment in such surgical cases. while a member of the homœopathic branch of the profession would give homœopathic remedies. He seems to have forgotten, or else never knew, that there is a *surgical therapeutics* in treating surgical cases under either of the systems of practice.

Surgery and medicine go hand in hand in the practice of every surgeon, and as there is a difference in the mode of prescribing in the schools of medicine, so there is a necessity for the surgeon who may belong to either school, and who may prescribe his medicines according to either doctrine, for his being known as a believer in the practice which he prescribes; hence it is obvious that there are surgeons and a surgery connected with the homœopathic school, or as he prefers to call it, "homœopathic surgery."

The operations belong to no school, and of course no matter what may be an operator's medical faith, the various surgical operations, dressings and mechanical treatment of surgical cases are the same.

The allopathic medical societies have shown the worst form of bigotry, in denying their surgeons, under penalty of expulsion, from meeting, in cases needing only an operation, along with surgeons belonging to the homeopathic school, where the subject of medical belief would have nothing whatever to do with the case, as an operation; and possibly it has been this very narrow-mindedness that likewise prevents an allopathic surgeon from operating upon a surgical case for a *physician* of the homeopathic school, where the latter has not made surgery a specialty, that has brought out the surgeons which may be

found in almost every large city in the United States, connected with our system, names which he has probably no knowledge of.

The questions he asks about homeopathy and its application to surgery, are the most absurd and silly that could be imagined, as well as his comparisons, in fact the whole article, evinces that the editor was hard put to for brain material; that as he had not the shadow of an idea in his cranium of what homeopathy really is, or the proper application of the law of "*similia similibus curantur*," he could not be expected, in the enmity of his heart, to do other than try to make his professional brethren laugh at his insipid "get-off."

Dr. Editor has very evidently never seen any of our surgical literature, nor has he read the proceedings of our different local or State organizations, which generally contain valuable contributions to surgery. Nor has he ever attended the sessions of the American Institute of Homeopathy, nor seen the surgeons of the homeopathic school that attend these meetings; nor is he aware that there is a Surgical Bureau in that society, as there is in most of our State Societies, and that homeopathic surgeons are appointed on these; nor that articles on homeopathic surgery emanate from the pens of these men; nor does he seem aware that we have several colleges, with surgeons and hospitals connected with them; practical surgeons, too, or he never would have published such glaring statements as he is guilty of.

Is he going through his medical Rip Van Winkleism? Certainly he must be, and it is time he was awake. Either this is the case, or he is guilty of wilful and direct misrepresentation to his readers.

This little editorial composition reminds me of a little incident which was once related by a distinguished Western man. It appears that a tall, serio-dubious, red-haired sort of an overgrown boy, who was designed for the ministry, and who had just obtained his parchment from college, was called upon to "give a speech," at a parting supper. He excused himself by saying, "I don't know any speech that I can say now." He was then asked for a song. "No, he never could sing;

found that out when he first went to singing school." However being hard pressed for something, he said, looking at and twisting bashfully his long freckled fingers, "I can tell a conundrum that I made myself, last week. It come to me first one night when I was abed, and I made it out next day, and wrote it down on paper. I've got the piece of paper here now." So saying, he took from his waistcoat pocket a slip of paper and read: "What village in York State is the same as the Promised Land?" There was some "guessing," but at last it was "given up," and a solution requested. "*Canandaigua*," at length responded the graduate, But the company were as much in the dark as ever. "Canandaigua!" exclaimed a dozen in a breath; why—how—where is there any resemblance to the "Promised Land?" Can't see the least. "Why," said he, "you see this is the way on it; you must divide the word, and instead of Can-an you must say Ca-naan, and then throw the '*daigua*' away! Canaan was the 'Promised Land,' see!" (Laughter.) The expounder mistaking the laugh for admiration, said, "Aint it a first-rate conundrum?" laughing himself.

HOMŒOPATHY AND SURGERY.

At the British Homœopathic Congress, Dr. Dunn read a paper on the "*Influence of Homœopathy in the practice of Surgery.*" The following extract is from advance sheets of "*British Homœopathic Review.*"

After alluding to the improvements which had marked the progress of medicine, and to the influence which homœopathy had had in the advances which had taken place, Dr. Dunn passed on to notice the progress of surgery, and the advantages which the surgeon derived from adopting homœopathy into his practice. He spoke warmly of the value of acupressure, and of the antiseptic method of Professor Lister; and then pointed out, and illustrated by cases that had occurred both in his practice and his person, that homœopathy rendered valuable aid—1st. In diseases of the bones and joints, where, for lack of homœopathy, amputation is oftentimes resorted to. 2ndly.

In removing the consequences of traumatic shock. 3rdly. In promoting the repair of injuries. 4thly. In so improving the general health of a patient as to render successful an operation which, without this improvement, would probably have been fatal; and 5thly. In hastening convalescence after an operation.

Dr. Dunn's paper being concluded, the Chairman said that before taking the discussion on it they would hear Dr. Wynne Thomas's paper, which was on a kindred subject, and was entitled, *Reports of Surgical Cases.* Dr. Thomas had sent a telegram, stating that, having received a summons to visit his father, who was dangerously ill at Oswestry, he was unable to be present, and the Chairman accordingly requested Dr. Gibbs Blake to read the paper he had prepared.

Dr. Thomas commenced by defining surgery to be the science and art of curing disease by local means; and he argued that in local or surgical, as well as in constitutional treatment, homœopathy had already done much, and gave promise of accomplishing still more. He divided local diseases into two classes—1st, the centripetal, or those commencing on the surface, or at one of the apertures; and 2ndly, centrifugal, or those which are primarily constitutional, and afterwards appear on the surface. The first class he considered might always be treated by local means. As examples he instanced the application of iodine to an inflamed bursa, and the injection of iodine into a hydrocele; and the treatment of parasitic disorders by parasiticides. Of the second class, gout, rheumatism, eczema, and piles, were adduced as instances. Such cases all required constitutional treatment. Dr. Thomas gave the particulars of several cases in support of his propositions. Among them was a case of eczema aurum, which, after long resisting purely constitutional treatment, yielded rapidly to oil of cade soap (juniper); one of serpiginous ulcer of the leg, which, in spite of medicines selected with the greatest care, continued to spread, but was immediately checked by the application of strong nitric acid to the sloughing edges.

Dr. Thomas then passed on to show that the controlling power over inflammations which we gained through homœopathy ren-

dered unnecessary many operations which would otherwise be inevitable. Dr. Thomas had seen one case of cataract cured by medicine; some cases of fissure of the anus; one case of undoubted cancer of the orbit he had seen greatly improved by *Carbo animalis 200.* Two cases of corns on the sole of the foot, of a warty description, had yielded, in his experience, to *Thuja 6,* and *Nat. mur 12.*

The after treatment of operations he had found much facilitated by homœopathy. Inflammations were reduced more rapidly, and wounds healed more kindly. Opium in large doses he thought seldom needed, except when it was required to keep some organ in a quiescent state, as, *e. g.*, the bowels, after stitching up a lacerated perineum, &c.

Dr. Thomas concluded an interesting paper by stating that his estimate of the value of homœopathy in all kinds of cases, surgical as well as medical, rose every year.

Mr. Pope desired to refer to one point in Dr. Dunn's interesting paper, viz., the importance and value of homœopathy in so improving the health of a patient as to render surgical interference much less dangerous than it otherwise might be. During this summer, Dr. Smart, of Tunbridge Wells, being ill, requested him to tap a patient having a large cystic tumor of the left ovary. The operation was easily borne; there was no tendency to fainting, no failing of the pulse; and though 27 pints of fluid were removed, there was no necessity to check its flow through the trocar, for more than once or twice. The operation only occupied a few minutes. Dr. Smart had tapped the same patient two months previously, and then there was some difficulty in keeping her from fainting; the pulse was feeble, and the flow through the trocar had to be stopped frequently to prevent syncope. But after emptying the sac, she was carefully watched and skilfully treated by Dr. Smart, and the result was that the state of her health was so much improved during this interval that the second operation had no important effect upon her at all. Subsequently to this second tapping she was under the care of Dr. F. Smart, and her general health became so much improved as to warrant the extirpation of the tumor. This operation was successfully performed

by Mr. Spencer Wells, during August, and she made a most excellent recovery. At the time she first came under Dr. Smart's care this would have been hardly possible. As bearing upon this point, Mr. Pope remembered Dr. Smart giving him the particulars of a case of cancer of the mamma, in which Mr. Paget, of Leicester—the patient's usual medical adviser—had declined to operate on account of her enfeebled health. She then placed herself under the care of Dr. Smart, who sent her back to Mr. Paget so much improved that he operated at once and without hesitation. Dr. Thomas, Mr. Pope observed, had recommended the external application of *Iodine* in chronic bursitis in preference to the internal administration of *Silica*. He had seen several of these cases, and had generally found them yield to *Silica:* so frequently that, remembering what they had heard in the Address of their President that day in reference to the employment of chemical agents in the treatment of disease, "that the use of each one is apt to be followed by its own specific effects, over and above its chemical action;" and applying this to the case before them, that *Iodine*, applied to the serous effusion in the bursa, would, besides exerting its absorbing power, cause its own specific effects in other parts of the body:—remembering this, and the fact that *Silica* had cured many such cases, and then that if it failed we had *Iodine* as a *dernier resort*, he thought that it would be only correct and safe practice to try the *Silica* in such cases for some considerable time before resorting to the *Iodine*. There was one medicine which had not been mentioned, but which he thought was of great use in injuries of nervous structure, viz., the tincture of *Hypericum perfoliatum*. He had used it, at the suggestion of Dr. Madden, in a case of concussion of the brain, with marked advantage.

Dr. Holland related several cases of great interest, showing the value of homœopathic treatment in surgical injuries. In one a man was caught by "the devil" of a cotton factory—a machine used for cleansing the cotton after its removal from the bale—and his hand was lacerated in a more serious manner than he had ever seen before; the extensor tendons being torn, and the posterior annular ligament extensively wounded. Am-

putation was proposed to avoid the chance of lock-jaw, which seemed imminent, but it was declined. The parts were brought into apposition by sutures, and a lotion of *Calendula* was applied, with a moderately thick compress over the posterior aspect of the hand and arm, while a splint, with a tolerably firm bandage, secured the whole. *Aconite* and *Arnica* were given alternately for a few days, and eventually the man made a good recovery—inability to extend two fingers being the only permanent injury from his accident. Shortly after this had occurred he was asked to see a valuable carriage-horse which had fallen, and so injured the knee that the veterinary surgeon had condemned it to be shot. The joint had been laid open, and synovia was flowing freely. He dropped *tincture of Calendula* into the joint, and with sutures, splints and compresses, got the leg into shape, and had the horse tied to the rack for ten days. By this time the wound was healed, and the animal soon able to work. In a case sent to the Norwich Homœopathic Hospital—a case of enormous fungoid excrescence on the leg, with extensive infiltration into the cellular tissue—he had made three incisions nearly the length of the leg through the boggy part. *Aconite* and *Calendula* lotion were the chief remedies used, and the recovery was complete. Dr. Holland did not approve of the internal injection of *Iodine* in hydrocele, or of its external application on bursitis. He had found it give rise to considerable constitutional disturbance, and oftentime to severe orchitis. Abscesses and destruction of a portion of the scrotum had resulted from *Iodine* injections. He preferred the use of the acupuncture needle recommended many years ago by the late Mr. Green, of St. Thomas' Hospital. The needle is passed into the tunica vaginalis, and if on its withdrawal a drop of serum exudes, the whole will be absorbed in twenty-four hours. A few operations of the kind are rapidly curative, and need not be repeated more than once in three or four months.

Dr. Moore said that he had seen this mode of using the acupuncture needle successful in cases where every other measure had failed. He regretted that Dr. Dunn had not mentioned *Phosphorus*—a remedy in some forms of bone disease more

valuable almost than any other. *Staphysagria*, too, in fresh wounds, was much valued by Dr. Franklin, an American surgeon. For ringworm he thought a *Carbolic acid* lotion was invaluable. In reference to the styes mentioned in Dr. Thomas' paper, he thought that there must have been something wrong in the dietary of the establishment where they occurred in such numbers.

Dr. Dunn here said that he valued *Phosphorus* in bone disease very highly. When he spoke of *Calendula* he had referred not to the tincture, which he thought irritating, but to the infusion.

Dr. Hayward had the greatest confidence in the use of *Calendula*. He made a watery essence from the plant, dipped the lint dressing in that, and applied it in all wounds from operations; the parts had healed by first intention. The *Carbolic acid* treatment was very good, but certainly he should try the *Calendula* treatment first. With reference to corns on the sole of the foot, he had had two cases similar to those named by Dr. Thomas. He tried *Thuja* No. 1, internally, as well as making an external application; the wart-corns were gone in six weeks. With reference to the tapping, he should like to enquire of Mr. Pope whether the pressure was kept up by bandages or otherwise.

Mr. Pope: Certainly, on each occasion.

Dr. Hayward: External treatment often caused constitutional irritation, and therefore should only be resorted to when internal medicine failed.

Dr. Cooper referred to the use of *Pæonia* in ulcerations, which had been brought before our notice by Dr. Ozanam, of Paris. Applied locally, it prevents the spreading of the disease, and has in some cases cured. He used *Arnica* chiefly in housemaid's knee, and had found the same remedy useful in the "capped hock" of a horse.

Dr. Yeldham, as an old hospital surgeon, thanked Dr. Dunn for his paper. He fully endorsed all that had been said in favor of the antiseptic treatment. During the siege of Paris, the *Lancet* had recently informed us that wounds were there treated by applying thick layers of cotton wool to them, and

so carrying out the theory of Professor Tyndall. For years past Dr. Yeldham had been in the habit of applying dry cotton dressings to wounds, in order to avoid the effects of moist dressings, the heat and moisture of which tended so much to the formation and decomposition of pus. With dry dressings a little simple unirritating pus only was present. The favorite idea of the day was that surgery should be conservative. Nothing tended so much to conservatism in surgery as did homœopathy ; a fact of which Dr. Yeldham gave a striking illustration from the practice at the London Homœopathic Hospital. In hæmorrhoids he used external applications, whilst a vast deal of good was done by judicious medicines, such as *Sulphur*, *Nux vomica*, and mother tincture of *Hydrastis*, 10 to 20 drops given three times a day. Small doses of this drug did no good whatever. (Laughter.) He spoke advisedly. When that fails, a vast amount of comfort may be obtained from the topical application of pure *Nitric acid*. He never yet saw a fistula in ano get well by homœopathic medicines. He had tried a variety of medicines, and had long ago arrived at the conclusion that it was incurable by medicine. He threw out the suggestion that they should not claim too much for homœopathy. There was plenty it could do, but they placed it in a false position if, in their enthusiastic admiration, they were led to claim what did not fairly lie within its province. That remark applied particularly to the treatment of fistula and hernia. They could hardly expect to cure hernia with medicine. Then there was the question of carbuncles—Were they best opened, or left to the natural process? For his own part, he should have opened them freely as soon as matter could be detected. In the London Homœopathic Hospital rhere was a man worn down by serious and very anomalous symptoms, referable to the kidneys and bladder. When he appeared perfectly incurable, and the worst results were anticipated, a large carbuncle formed on his back. From that time all the other symptoms disappeared, and he got well. Such cases were very interesting. These things were set up by nature for the elimination of something which offended the system. Dr. Thomas said that he rarely opened an abscess now ; but I think that where matter is fairly formed, we save

the patient a vast amount of suffering by putting in the lancet. Medicine might have an influence in causing it to come forward and break through the skin; but there was a difficulty in determining whether it had, and how far it had that effect. In fissure of the rectum there was a simple expedient which afforded a vast deal of relief; indeed, there were many cases where formerly he should have divided the sphincter, where he now got a cure without. Immediately before the bowels act, let the patient charge the forefinger with lard, and introduce it up the bowel. By this means the ulcer obtains a coating, and is protected against contact with the irritating matter of the fæces. Hydrocele might be relieved by acupuncture after five or six punctures had been made, but it occurred again, and he thought that the radical cure by iodine was that to which we should all resort, to relieve the patient at once and for altogether from so great a nuisance.

Dr. Dudgeon believed that Dr. Bolle', formerly of Paderborn, and now of Aix-la-Chapelle. was the inventor of the plan of dressing wounds with cotton wool. His idea was that it prevented suppuration of the wound. The plan of treating fissure in ano by dilatation was proposed by M. Maisonneuve, of Paris. and was found both efficacious and immediate in its operation. There was no doubt but that this method of overstretching was painful, and that chloroform ought to be given during the operation.

Mr. Moberly said that in abscess, by keeping up the action of medicine, we brought the matter to the surface; then a very small aperture was sufficient to clear off the whole thing. It was better to open the abscess, but the less we interfered with nature the better.

Ingrowing Toe-Nails.—The trouble and pain from this cause can be immediately and permanently relieved, without pain, in the following simple manner: Take a file. some four inches in length, bastard cut, flat on one side and round on the other, new and sharp. File down thin all the exposed part of the nail till it is soft and pliable. This will immediately relieve the part pressing into the flesh, which need not be cut or extracted. The filing is not in the least painful, as the file will not take hold of the skin or flesh. In the course of several months the nail will grow out thick again, when the filing should be repeated. The edges of the nail will never grow into the flesh so long as the top of the nail is soft and pliable; and there is nothing so simple, convenient, safe and painless for keeping it so, as a file.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

CRIMINAL ABORTION.

The following is the charge of Judge Bedford, of New York, to the Grand Jury empannelled in the general sessions:

Mr. Foreman and Gentlemen of the Grand Jury:—In charging you, to-day, I deem it my duty to mention the fact that of late, crime in this city has been greatly on the increase, and offenders seem, as it were, to grow more bold and daring in their operations. The daily press teems with fearful accounts of the dastardly use of the knife and pistol, and the terrible consequences ensuing therefrom.

The September Term of this Court commences to-day, and with it we assume its labors, its duties and responsibilities. The calendar will be a heavy one. The District Attorney will place before you many cases of interest and importance. I feel confident that you will, one and all, cheerfully discharge the several duties about to devolve upon you, and in doing so, it must necessarily follow that you will ever have a care that no injustice be done the accused; yet, at the same time, steadily bearing in mind that at all hazards, be the consequences what they may, justice must be done the State.

The people, in this threatening hour, look to the authorities to stem the dark current of crime which has of late set in, and which is now jeopardizing the safety of our citizens. Let them not look in vain. The lawless, under an impartial, honest, and fearless administration of the law, must succumb. It is always a mere question of time, which of the two shall ultimately triumph—the law or the lawless.

Gentlemen: Fully investigate and analyze each and every case in strict accordance with your oath—without fear, favor, or hope of reward. The District Attorney and his able assistants will do all in their power to aid you; and, when indictments shall be found, the prisoners will be arraigned and disposed of by speedy trials; and, upon every legitimate con-

viction, the people of this city may rest assured that the Court will promptly do its duty, its whole duty, and nothing but its duty, by meting out punishment full and equal to the offence, and that, too, irrespective either of threats or consequences; for, in my opinion, in this way alone can the strong arm of the law prove at once an ægis for the people and a terror to the evil-doer.

But a day or two ago, the law-abiding citizens of this city were appalled by the intelligence of a murder most cruel in its nature and most foul in its character, making the heart grow sick at the contemplation of such fiendish depravity. This case, with all its melancholy surroundings, will be presented to you for your deliberation. It will require a thorough and searching analysis, as it is a matter which must be investigated and probed to its very core. for the deed itself strikes, as it were, at the very heart-strings of society. I have reference, gentlemen, to that mysterious trunk which, but a few days ago, was discovered in this city, containing the lifeless body of a young and once happy, but, I fear, most unfortunate girl, the sad victim of treachery and deception—one who, unfortunately for her own happiness, believed too much. Full of anguish for the past, and in the vain endeavor to screen from the public gaze her delicate condition, in a moment of utter hopelessness and frantic despair, she gave herself up and was robbed of her existence by the murderous hand of the abortionist. And here, gentlemen, are we not irresistibly prompted, in the true spirit of philanthropy, to ask ourselves, Can crime so fearful and atrocious be perpetrated in the very midst of a Christian community, embracing within its jurisdiction more than a million of souls, and where the religion of Heaven is preached, and its holy mandates observed? Ah, the startling, painful fact is too true! If this great city of New York, constituting, as it were, a world within itself, can boast with conscious pride of her churches, her numerous charities, the virtue and intelligence of her citizens, her multiplied evidences of good deeds, she has, too, to drop a tear over the vices and wickedness of many of her children. But I will not detain you. Suffice it to say that of late we have been living, as it were, in an atmosphere of abortion. In one word, the very air is, indeed, heavy with the dark deeds of these heartless and unscrupulous specimens of human depravity. Let the warning word this day go forth, and may it be scattered broadcast throughout the land, that from this hour the authorities, one and all, shall put forth every effort, and shall strain every nerve until these professional abortionists, these traffickers in human life, shall be extermina-

ted and driven from existence. and the majesty of the law be fully vindicated in all cases of this fiendish character.

And now, gentlemen, in conclusion, let me express the earnest hope (shared in, as I feel confident it will be, by you and all other right-minded citizens) that the Legislature, at its next session, will so amend the statute-book, that "Any person who shall administer to any woman with child, or prescribe for any such woman, or advise or procure her to take any medicine, drug, substance or thing whatever, or shall use or employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve her life, shall, in case of the death of such child, or of such woman, thereby produced, be deemed guilty of manslaughter in the second degree" (commonly known as the crime of abortion), be declared to be murder in the first degree, and punishable as such, with death, instead of, as now, but manslaughter in the second degree, punishable by imprisonment not exceeding seven years.

The charge was listened to by an audience that thronged the court-room in every part, At the close of the charge there was a spontaneous burst of applause in all parts of the crowded court-room, which, however, was promptly suppressed.

SENTENCE OF AN ABORTIONIST.—[*American Eclectic Medical Review.*] Abortionists have reason to fear falling into "the hands of justice," with such judges as Judge Bedford, of New York, on the bench. In the recent ease of Lookup Evans, a notorious abortionist, Judge Bedford pronounced sentence as follows: "Evans, considering the overwhelming evidence against you, and the wilful perjury you committed when in the witness box (applause), I must express my great astonishment that twelve intelligent men should remain out all night to decide on your case. I was determined to keep them together until they agreed one way or the other. The jury having found the facts against you, they were bound to take the law from the Court. From my official experience of eight years in this court-room, I believe you to be the most consummate villain ever convicted in any court of justtce. You are a professional abortionist. You have lived, thrived and prospered in your criminal career, and have accumulated, by reason of your dark undertakings, an immense fortune. Let your conviction be a stern lesson to the many professional abortionists of this city ; for, on conviction, they will all learn that neither their ill-gotten wealth nor their alleged great influence will be of any avail when tried in

this court-room. The same penalty now about to be meted out to you will unquestionably be meted out to every other convicted professional abortionist of this city. The sentence of the Court is that you be confined in the State Prison for the term of three years and six months—the penalty allowed by the law. (Applause.)

OVARIAN AND UTERINE DISEASES.*

Dr. Moore endeavored to show that in certain forms of both ovarian and uterine disease, purely medicinal treatment was adequate to its cure; while there were some cases of uterine disease in which topical or surgical treatment was essential in addition to that which was medicinal. He gave the particulars of several cases of ovarian disease, and of dysmenorrhœa; and concluded by drawing a series of practical inductions from his observations of cases of this kind during many years.

Dr. Yeldham thought that ovarian diseases were often very obscure, both in their nature and origin. To ascertain the existence of enlargement in the earlier stages of the disease was especially difficult, inasmuch as until they had become sufficiently increased in size to be capable of being touched *per vaginum*, we could only infer the presence of enlargement from the inflammatory symptoms which ordinarily attend the progressive enlargement of parenchymatous organs. The treatment of such cases should consist in rest, hip and other baths, and moral training. Great difficulties often arose from the disease being so closely associated with moral causes. As medicines, *Aconite* and *Belladonna* were our sheet anchors; while both *Pulsatilla* and *Sepia* often came in usefully. He doubted whether much could be done in neuralgia of the ovary; and thought that, independently of inflammation, it was a very rare disease. In dysmenorrhœa he had found *Nux vomica* to have a wonderful power in preventing the violent spasmodic pains from which so many women suffer at the catamenial period. He usually gave a drop of the mother tincture once or twice a day.

Dr. Carfrae had seen much good from the use of *Cannabis*

* A Discussion before the British Homœopathic Congress

indica in dysmenorrhœa. The original authority for its use advised it to be given in five-drop doses of the tincture; that he thought undesirably strong, and he generally used the 1st decimal dilution. In menorrhagia the medicine he generally relied upon and invariably used was *Sabina*—he generally did so with good results.

Dr. Holland said that with a very delicate touch in a highly sensitive patient he thought it possible that the earliest enlargement of the ovaries might be detected; and *that* by the pain the examination caused, but not otherwise. *Aconite*, he thought, was useful in combating the inflammatory symptoms, particularly at the commencement, Some cases of dysmenorrhœa, depending on the presence of a false membrane, he had known benefited by *Collinsonia*—a medicine, for the knowledge of which, as well as for that of many others, we are much indebted to our American brethren. As regards ulceration of the os uteri, he disapproved of the application of caustic; and thought that all the advantages of a topical application could be obtained from an infusion of *Calendula*. or of *Hydrastis canadensis*. *Cannabis sativa* had rendered him excellent service in many cases of dysmenorrhœa. *Hyoscyamus* and *Nux*, acting as they did on the spinal nerves influencing the uterus, might often be used with advantage.

Dr. Drury: I have never used caustic in such cases. I have great faith in *Calendula* lotions in these cases, having seen much good result from them. *Hydrastis* is also extremely valuable. In leucorrhœa, *Pulsatilla* is useful, but it must be used with care in the case of married women who are pregnant as it is apt to produce miscarriage. *Kreosote* and *Sepia* will often help in such cases. In cases of enlarged ovaries, the degree of success which will follow treatment depends much upon the cause of the enlargement. If it is only congestion and inflammation, we may get a reduction and so cure; but if the hypertrophy is chronic and with interstitial deposits, there is little hope of a complete cure. Slight attacks of inflammation may be reduced as they arise, but their cure will not affect the general disease. All we can do is to keep the patient in a quiescent state, so that the disease may not advance and an operation become necessary. The medicines that Dr. Moore

used will also be of service. Where, as in acute inflammation, there are cutting pains in the ovary, like knives, *Sabadilla* in the 12th dilution has been tried with very much success. A separation of husband and wife is often desirable in these cases. But I am satisfied that if we use a homœopathic medicine, though it only relieves from pain, we do the patient good.

Dr. Hughes: My knowledge is rather theoretical than practical; and I would ask those who have any experience of this disease whether they have made any notes of the action of *Belladonna*. It seems to be taken for granted that it is useful, but have we any evidence of its curative action, I have been struck with its extremely slight action upon the uterine and ovarian organs; in none, except where there has been a sense of bearing down, have I known it really utilized in practice. There is a sort of tetanus of the uterine neck which answers to the corresponding affection of the neck of the bladder and also to sphincter of the anus, which is amenable to the action of *Belladonna*. I should like to know whether *Belladonna*, which is so useful in other inflammations, is useful in that of the ovary.

Dr. Drury: Extremely useful.

Dr. Moore, in reply, said that by homœopathy simple ulcers could be cured without local applications, but granular ulcers, deep-seated scrofulous or syphilitic ulcers could not be cured without caustic, according to his experience. He knew a case that, after twelve months' trial of medicine, had to be so treated. They did not resort to the surgical treatment until they were driven to it. They tried *Sepia*, *Belladonna*, *Calcarea* and *China*, with the greatest possible relief; but twelve months afterwards, on examining the sore, it was found not healed, although the patient thought she was so much better. That is a point upon which he had had clear and repeated evidence. In reply to Dr. Hughes, he stated that he had noted that the influence of *Belladonna* in congestion of the os uteri was most marvellous. In three days the state of the patient had been completely altered. Pain felt in the region of the ovary on making deep pressure, was, he thought, a clear indication of a morbid state of the organ.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

ÆSCULUS HIPPOCASTANUM.

(Horse-Chestnut.)

ANALOGUES:—*Æsculus glabra, Aloes, Collinsonia, Ignatia, Nitric acid, Nux vomica, Mercurius, Sulphur, Podophyllnm, Iris versicolor, Hydrastis, Rhus.*

A large tree, a native of middle Asia, but now cultivated extensively in Europe and America.

OFFICINAL PREPARATIONS.—Triturations and tincture from the nut.

SPHERE OF ACTION.—On the spinal cord, the mucous membrane of the alimentary canal, especially the lower portion, the liver and portal system.

SYMPTOMS.

MENTAL SPHERE.

On waking, cannot recognize what she sees; knows not where she is, nor whence come the objects about her.

Inward cheerfulness and placidity of temper.

Feels miserably; cross; sad; disinclination to perform any labor.

Vertigo very annoying all the forenoon.

HEAD.

Aching in the forehead; sometimes over the left, sometimes over the right eye; also the right temple.

Heaviness, with dull, stupefying pain in the head.

In the *occiput* dull pain; also a bruised feeling, with heat, extending to the ears.

A sensation of fulness and pressure, rather than of acute pain.

EYES.

Sensation of weight and heat of the eyes.

Flickering before the eyes.

°Can read without spectacles, and see at a distance, which she could not do before.

NOSE.

Severe fluent coryza, with burning and raw feeling in the nostrils; thin watery discharge, and headache.

FACE.

Flying heat and redness of the left side of the face.
Pale, ill-looking countenance.

MOUTH.

Tongue feels as if it had been scalded, with a constricted sensation in the fauces.
Bitter taste, with yellowish-white coated tongue.

THROAT.

Dryness and a sense of excoriation and constriction.
Pricking and stinging pain in the fauces.
Heat, dryness, smarting, with desire to swallow.

STOMACH AND GASTRIC SYMPTOMS.

Nausea; violent vomiting and retching, with burning in the stomach.
Vomiting of thick, viscid mucus, with eructations.
Pain in the stomach for four or five hours after eating, which continues till food is taken.
A feeling of fulness and tightness in the stomach, with labored breathing.
Cardialgia; aching, cutting and burning distress in the stomach.
Fluttering sensation, with faintness, in the pit of the stomach.
*Congestion of the liver and portal system.
Pain and distress in the stomach and bowels, attended with a constant desire for stool.

ABDOMEN.

Cramp-like and constricted feeling in the bowels.
Pain extends from the bowels to the small of the back.
Tearing pain in the right side, above the hip.
Colicky pains in the bowels with severe cutting pains in the rectum.
Dull aching and burning in the umbilical region.
°Hemorrhoidal colic.
Rumbling in the bowels, with distension and bearing down.

LIVER.

Dull aching pains in the right hypochondriac region and region of the gall-bladder.

Pinching pains, stitches and aching in the liver, extending between the shoulders.
White, soft stool.

RECTUM AND STOOL.

Frequent, loose stool, with constant urging (primary) diarrhœa, composed of ingesta.
Pressure in the rectum, with constant desire but ineffectual efforts to stool.
Difficult, hard, scanty stool, followed by burning and constriction in the rectum.
Stool very hard and dry, with colicky pains in the umbilical region, followed by severe cutting pains in the rectum.
*Very hard, dry, knotted, difficult stool, followed by *prolapsed* feeling in the rectum.
*Stool very large, hard and difficult, followed by severe pain, with a sensation as if something was protruding, with severe pains in the lumbar and sacral regions.
An evacuation, at first black and hard, then white and soft, (the last four symptoms are secondary).
Dryness and itching in the rectum, with a feeling of stiffness of the skin and adjacent cellular tissues.
Dryness of the passage for several days, followed by a secretion of moisture.
Soreness of the rectum, with a feeling as if something would pass off all the time.
Dry, uncomfortable feeling in the rectum, which feels as if it were filled with small sticks.
Feeling in the rectum as though folds of the mucous membrane obstructed the passage and as if, were the effort continued, the rectum would protrude.
Soreness of the rectum, with increased secretion of mucus.
Pressure in the rectum, with inclination to stool, with empty eructations.
Copious, soft stool, followed by burning, and a feeling of swelling and constriction of the rectum.
Soreness, aching and fulness of the rectum.
Appearance of hemorrhoids, like ground-nuts, of a purple color, very painful, and with a sensation of burning.
*Hemorrhoids, *blind* and *painful, rarely bleeding.*
*Prolapsus of the rectum.
Sharp, shooting pains running through the hemorrhoidal tumors, up to the sacrum and along the back.
Fissure of the anus (?)
Stricture of the sphincter ani.

URINARY ORGANS.

Frequent urging to urinate, with scanty, high-colored urine.

SEXUAL ORGANS.

(Men.) Seminal emissions; disease of the prostate!
(Women.) Leucorrhœa.
°During pregnancy, pain about the sacro-iliac symphysis.
She cannot walk, because that part of her back gives out, compelling her to sit down.

LARYNX.

Short cough, increased by swallowing and breathing deeply.
Tickling in the larynx, causing a cough, with mucus expectoration.
Dryness in the larynx.
Pressure in the throat-pit, as if something had stuck there which required to be expelled.
°Chronic cough, with emaciation.
°Catarrhal laryngitis, laryngeal cough, and perhaps those coughs dependent on hepatic disorders.

CHEST.

Hot feeling in the chest.
Burning and heat in the chest, and raw feeling in the throat and chest.
Pains in the sternum, as if a piece were torn out of the chest.
Sudden stitches through the chest.
Pain in right scapula and in the left side of the chest, increased on inspiration.
On the right side of the chest a sensation as if the lung painfully moved up and down at each respiration.
Tightness in the chest.
Palpitation of the heart; severe, periodic, frequent, with great anguish.
Neuralgic pain in region of apex of the heart and stomach.
Severe neuralgic pains in region of the heart, so painful as to arrest the breathing, lasting ten minutes.
Frequent stitches in region of the heart.
Dull, aching, burning pain in region of the heart for half an hour; pulse 66, soft and regular.
°Functional disorder of the heart from hemorrhoidal complaints.

BACK AND NECK.

Weakness, weariness and lameness in the back of the neck.
" " " " " small of the back.
Heat in the back of the neck and shoulders.
Severe dull aching pain in the lumbar and sacral region, aggravated by walking.
Tearing pain in the small of the back and hips.

Constant back ache, affecting the sacrum and hips, aggravated on stooping and rising from seat, but going off on walking awhile *(Rhus).*

Back-ache is attended with aching in the legs and knees.

°Pains attending curvature of the spine.

EXTREMITIES.

The arm and hand of the left side become numb, as if paralyzed.

The legs and knees ache, with the back ache.

SLEEP.

Yawning and stupefying sleepiness.

Wakes with dull pressing pain in the stomach.

FEVER.

Chilliness, with rigor.

Flashes of heat in the occipital region, back of the neck and shoulders.

Feverish sensations, with hot and dry hands.

Disposition to stretch and yawn.

Feeling of extreme illness, great weakness, faintness, and tottering gait.

THERAPEUTICAL NOTES.

BY E. M HALE, M. D.

Pilea (?) Pumila.

(Stingless Nettle. Glass Plant. Richweed.)

This plant is brought to our notice by Dr. Munk, of Chillicothe, Missouri, who thus describes it and mentions its therapeutical value: "It belongs to the Urticaceæ or Nettleworts, and is called 'Glass Plant' because its stems are so delicate and transparent as to resemble green glass. It is entirely stingless, and is perfectly smooth and glassy throughout." His description of the plant, however, shows it to be the *Pilea* pumila, a genus in the Urticaceæ, for it accords exactly with Gray's description, namely: "*Stem* low, three to eighteen inches high; smooth, shining, pellucid. *Leaves* ovate, coarsely toothed; pointed clusters much shorter than the petioles. *Sepals* of the fertile flowers lanceolate. Grows in cool, moist, shady places; common. *Flowers* clustered in axillary cymes; blooms in July and September."

According to Dr. Munk, the plant is "probably one of the best antidotes known for topical poisoning by either vegteable

or animal substances." He states that he has used it successfully in many cases of poisoning by the *Rhus tox.* and *Rhus rad.*, and always with prompt relief. It has proved quite as efficacious in his hands in the stings of poisonous insects, such as the mosquito, wasp, bee, etc., removing promptly all pain and soreness. He uses it as follows: A handful of the fresh plant, (leaves and stems,) well bruised, and applied as a poultice, or as a lotion of the expressed juice. He thinks the *dried* plant would prove inert, but proposes to try a tincture of the green. I would suggest expressing the juice and adding one-twentieth its bulk of alcohol or glycerine. Either would prevent decomposition. In the Transactions of the New York Society, the *Verbena hastata* is recommended highly for effects of *Rhus* poisoning. This plant, known as Iron-weed, grows all over the Western States; has other valuable properties, and ought to be proven.

Maruta Cotula.

(May-weed.)

In looking over Vol. 9, of *N. A. Journal of Homœopathy*, I found a case reported by Dr. Bradford, of chronic weakness of the bladder and sphincter vesicæ, which he cured with the 2nd dilution of this remedy (he calls it *Anthemis cotula).* The following were the symptoms:

"She was obliged to pass water every half hour. The desire would come on her so suddenly that she would be obliged to cross her legs to retain the urine, until the nurse could place her upon the urinal; in uncrossing her legs, the water would gush from her involuntarily, and with the utmost precaution of the parents and nurse, the child's drawers would be found saturated from six to twelve times a day, and the bed wet several times every night." Cured in three weeks, after the failure of *Belladonna, Causticum and Sulphur*, etc,"

Iberis Amara.

(Candy-Tuft.)

This common garden flower is said to possess some influence on the heart, curing or relieving palpitations in enlargement.

If any reader of the *Observer* knows anything of its pathogenetic or curative effects, I shall be glad to hear from him. Provings are being made by students this winter, but no reports yet received.

5–JAN.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

ADVANCE IN PRICE.—Our readers will notice that the price of the *Observer* has been increased to $2.50. We expect to make such improvements in the journal as will make it fully equal in size and contents to any of our three dollar medical magazines, and that no one will object to payment of the additional fifty cents: *we offer, however, to all our subscribers, who will remit ($2) two dollars* BEFORE THE *1st* FEBRUARY NEXT, *by postoffice order, or registered letter, or banker's draft to our order, on New York, a receipt in full for subscription for the year 1872.*

ILLUSTRATED ARTICLES.—Our old readers have remarked that the January numbers of each year have been less interesting than the succeeding issues. One reason for this has been that the December and January numbers are sometimes issued in about the same time we usually devote to a single month. The present number may be better than ordinary, but we have still more interesting matter for February. *Illustrations are preparing*, and several articles of importance will appear.

CLINICAL OBSERVATIONS.—Several valuable papers have been received from our clinical editor, W. S. Searle, M. D., which we hand to compositor, for February. They came too late for this number.

THIRD EDITION OF NEW REMEDIES.—We expect to publish the third edition of *New Remedies* this year. The style may be judged of by the article on "*Æsculus hippocastanum*," on page 42 of this number. Those who have the second edition will want the third also, as it will be entirely rewritten and modified, bringing our knowledge of all the remedies treated of up to the present year.

REGISTERED LETTERS OR POSTAL ORDERS.—Both our subscribers and ourselves were so often annoyed at the loss of remittances of bank notes, that we adopted the rule which assumes the risk of registered letters only. Postal orders involve no risk, as duplicate orders are always issued in case of the loss of the first. For registered letters postmasters give and take receipts, and the risk is so little we are willing to bear it.

PREMIUMS FOR NEW SUBSCRIBERS.—For one *new* subscriber (2.50), we will send Caspari's Domestic Physician, or one dollar in any books or pamphlets from our catalogue, For two *new* subscribers, at $2.50 ($5), we will mail, prepaid, a bound copy of the *Observer* for any previous year, except 1864, (which is partly out of print,) or send a bound copy of New Homœopathic Provings, by Dr. Hale, (448 pages octavo). For three *new* subscribers, at $2.50 ($7.50), we will send either Hughes' Pharmacodynamics or Hughes' Therapeutics. For four *new* subscrihers, at $2.50 ($10.00), we will send Chepmell's Hints. For five *new* subscribers, at $2.50 ($12.50), *Sten's Therapeutics*. For ten *new* subscribers, at $2.50 ($25), we will send a bound copy of Hale's New Remedies, third edition, as soon as published.

These premiums are offered for actual new subscribers only, (those whose names are not now on our books). Remittances to be made by banker's drafts on New York, postal orders, or in registered letters.

ONE DOLLAR will be deducted from the price of the *Observer* ($2 50), when taken with any other journal and subscription for both paid IN ADVANCE, *before the 1st of February*. Fifty cents only deducted if not paid for until after that date.

A MODEL LETTER.—The following is just received and commended for imitation:

DR. E. A. LODGE: *My Dear Doctor*—Enclosed please find my check in your favor for $6; $4 to pay my subscription for 1871 and 1872, and $2 for a new subscriber, Dr. ——.

Trusting that you may have all the success you so richly merit, believe me, very truly your friend. ——.

United States Medical and Surgical Journal.—We are happy to announce that the January number of this excellent quarterly is in type and will be issued shortly. The publishers deserve much credit for their energy in resuming publication so soon after the fire. The number for January, 1872, will contain the following contributions: The surgical treatment of dysmenorrhœa, by *Dr. T. G. Comstock;* ophthalmic hints, by *Dr. W. S. Searle;* treatment of variola, by *Dr. F. S. Mitchell;* clinical notes and observations, by *Dr. A. E. Small;* Lord on intermittent fever and other malarious diseases, by *Dr. W. H. Holcombe;* lead poisoning and its treatment, by *Dr. T. S. Hoyne;* a clinical lecture on the diagnosis of ovarian dropsy, by *Dr. R. Ludlam;* how does the hybridization of plants change their medicinal qualities? by *Dr. E. M. Hale;* also, report of surgical clinic of Hahnemann Medical College, Chicaco, by *Prof. Danforth;* etc.

Hahnemann Medical College, Chicago, Illinois.—The annual spring course of lectures in this Institution will open on Wednesday, March 14, 1872, and continue ten weeks, with three daily lectures, in which all the chairs of the college will be represented.

Pennsylvania State Homœopathic Society.—The seventh annual meeting is appointed for February 7th, 1872, at Harrisburg, at 10 A. M.

Central Michigan Homœopathic Medical Institute.—A meeting is called for at Lansing, at the Homœopathic College Hall, on January 9th, 1872, at 10 A. M., by Dr. E. D. Burr, *Secretary.*

NOTE FROM SURGICAL EDITOR.*

To the readers of the Surgical Department we extend a New Year's greeting, preparatory to our entering upon the duties of another year in this journal. We can but express our grateful feelings for the appreciation which many evince of the articles

* This note was received too late for insertion in surgical department.

which we are the humble instrument of shaping for their perusal. This we are assured of from the numerous letters we receive from our brethren from different sections, seeking information regarding surgical cases that have come under their care, and asking advice upon various surgical views. We are always glad to hear from the profession respecting surgical subjects, and when any one has interesting surgical facts or cases to report, we would like to have them for our columns; or should they desire to ask us any questions of surgical interest, through our department, we will be happy to answer them to the best of our ability. Since we commenced with the *Observer*, about four years ago, a marked improvement has manifested itself in the matter of surgery, in all of the homœopathic journals of our country. This is a good omen for our branch of science and we hope it will continue to improve annually.

Articles from our surgeons will be cheerfully inserted, for we do not wish them to think that because our name is connected with the surgery of this journal, that they are debarred from writing for it. We hope they will write much and often for it.

B. W. J.

MEDICAL LIBRARY FOR CHICAGO PHYSICIANS.

We desire to call the attention of all our readers to the following communication:

23 UNIVERSITY PLACE, CHICAGO, Fov. 23, 1871.*

EDWIN A. LODGE, M. D.: *Dear Doctor*—Our city physicians have appointed me to ask the homeopathic profession to donate to those who lost theirs by the fire, a *library*, to be located conveniently for their examination as occasion may require. Thirty-one lost their offices, and fifteen house, office and all. You know their need, till they can replace what has been thus destroyed. Please interest your neighbors in this matter and send what you can, and greatly oblige the afflicted, and

Yours respectfully, S. P. COLE.

We shall be happy to receive contributions from our readers, of books for this library, and will arrange to forward all such to Chicago, *freight free.*

PUBLIC INTERESTS.—We devote several pages to controversal matter, "*Homœopathy in Michigan.*" If the proposed Homœopathic college in Detroit was designed to be indepen-

dent of any connection with the University of Michigan, then we should not consider that we had any right whatever to interfere in their arrangements; they might organize as they might deem proper, and elect third rate, or even fourth rate physicians as professors, it would not be our duty to express any opinion as to their demerits. But when two or three physicians aim to appropriate a public interest for their personal benefit, we should be false to our position if we did not set the matter in a true light, with all fairness and frankness, "*without fear or favor.*"

INFLUENCE OF TOBACCO IN DISEASES OF NERVE-CENTRES.—(*The Doctor.*) In the *Bulletin de l' Association Franc, cont. l' Abus de Tabac.*, M. Tamisier states that out of fifty-nine grave affections of the nerve-centres, observed from 1860 to 1869, among men, forty occurred in smokers. In fifteen cases of hemiplegia, nine abused tobacco, and two used it moderately; four did not smoke. Of eighteen cases of paraplegia, five were great smokers, three moderate smokers, and ten abstained from tobacco. Out of twenty cases of locomotor ataxia, fourteen were great smokers, five moderate, and one abstainer.

WHAT IS MALARIA?—(*Pacific Medical and Surgical Journal.*) Dr. Oldham, a British surgeon, has written a work in answer to this question, which is made the subject of a brief review in the last number of the *American Medical Journal.* He denies entirely the common idea of a poison in the atmosphere, and finds in changes of temperature and other atmospheric conditions, causes of sufficient potency, in his estimation, to explain all the phenomena imputed to malaria. Dr. Oldham is far from being singular in his unbelief; and it would not surprise us if his doctrine should become the popular theory of the professional world before the expiration of the present century.

REVIEWS AND BOOK NOTICES are unavoidably postponed until next number.

HOMŒOPATHY IN MICHIGAN.

We have received the following request from Dr. Ellis, Secretary of the proposed Homeopathic College of Detroit:

DR. LODGE: We have seen the "Card" of several homeopathic doctors, in your *Observer*, and ask for ourselves the same favor which you have extended to them. If your journal is *neutral* on the question of colleges, as you have heretofore stated, we have no doubt but that you will cheerfully accord to a *majority* what you have to so small a minority.

Please inform me, as soon as possible, if our request will be granted.

Yours, E. R. ELLIS and others,
Homœopathic Physicians of Detroit.

Dr. Ellis appears to mistake our position. We are not *neutral* as regards anything relating to medical science that we understand. The *Observer* is *independent*, which is quite another thing.

The following is the letter above referred to:

DETROIT, MICH., Nov. 18, 1871.

Dr. Lodge, Editor American Observer: Sir—In the November number of your "*Observer*" is an article entitled "A Card from Homœopathic Physicians of Detroit." This article is signed by Dr, E. H. Drake and three other doctors of this city, and is in strong denunciation of the "*Detroit Homœopathic College*," an institution recently organized in this city.

The undersigned "*Physicians of Detroit*," only desire here to say, that this institution IS, in our opinion, well worthy of the "countenance and support of our medical brethren throughout the State." and we particularly commend it to them, and we desire for it the kindly consideration and favor of ALL *friends* of homœopathy throughout the world.

Signed:

L. YOUNGHUSBAND, M. D., LL. D.,
A. B. SPINNEY, M. D.,
F. X. SPRANGER, M. D.,
BENJ. RUDOLPH, M. D.,
E. R. ELLIS, M. D.,
C. H. B. KELLOGG. M. D.,
LUCY M. ARNOLD, M. D.,
Mrs. C. MILLER, M. D,,
Dr. M. J. SPRANGER,
Dr. DANIEL DAY.

As this is a public interest, we believe the majority should be consulted, and that it should be settled according to the clearly expressed preferences of such majority. It will not do for half a dozen physicians to meet together privately and attempt to organize a college, call themselves professors, and then say that their private arrangement is to be accepted by the physicians of the state as an adjustment of the *claims of the whole homœopathic profession of the State.*

The majority spoken of as above by Dr. Ellis, is not a maiority of the homeopathic physicians of the State of Michigan. (We have now over 300 homeopathic physicians in the State.)

Let us see how it is as regards the physicians of Detroit. Four of these names are those of prospective professors in the proposed college, who may be supposed to be its partizans. One (Dr. Daniel Day) believes it right to practice without ever having attended medical lectures or receiving any diploma,* and his recommendation therefore amounts to 0, and no more. Four more remain, two ladies, Miss Arnold and Mrs. Miller, and two gentlemen, Dr. Rudolph and Dr. Kellogg. One of these says he signed this letter believing that the proposed college was arranged according to the views of two-thirds of the physicians of the State, who would be satisfied with a branch of the University. The other three doubtless signed the letter under a similar understanding.

At Dr. Ellis' special request, we also reprint his communication to the *Daily Post* of Detroit:

THE PROPOSED HOMŒOPATHIC COLLEGE AT DETROIT.

To the Editor of the Detroit Post:

Absence from the city for a number of days has prevented an earlier reply to the attack of Drs. Drake, Lodge, and others, in your issue of the 9th inst., upon those who are engaged in the effort to establish in this city a Homœopathic Medical College. The importance, or prospective importance of this enterprise is such that its friends do not hesitate before a full discussion of its merits. That any portion of the homœopathic medical profession here should array themselves so conspicuously and publicly against such a measure is singular, and needs an explanation. This the leader of the party here has attempted to give, but in a way so manifestly unntrue that it cannot be passed over in silence. He says that "it is unfair for the patrons of homœopathy and the homœopathic profession to contribute to the founding of a college outside of Ann Arbor, because the people of this State, many of whom are homœopathists, built up an allopathic institution there and are taxed for its support."

Now the truth of the matter is, that the Michigan University was founded by a grant from the General Government, and the people of this State have not been taxed for its support until four years ago, and no portion of this money has gone to the support of the *medical* department, because that department has been self-sustaining for nearly ten years past.

It would be very nice and acceptable, if the Legislature of this State would fulfill the desire of our opponent and grant the means to establish our school on a generous scale. They have been solicited to do this, and

* *American Observer*, 1871, page 113.

when the writer of this, and others, were presenting the advantages of such an institution to the Legislature, last winter, and two winters before, with a view of obtaining an appropriation, and came near succeeding, those four doctors who are now so solicitous about the generous offers of the "patrons of homœopathy" remained persistently at home. What they really desire is delay and temporizing, until the cause is hopelessly lost. All but the fossils of the profession have ceased their efforts to force admission into the department at Ann Arbor. where, should they succeed, it would be a triumph without value, except as it is obtained on the ruins of that prosperous school. It is no breach of confidence to say that they all admit this and secretly rejoice in such a prospect.

But the plan of having a separate college as a branch of the University has been submitted to the homœopathic profession of this State and has been approved by fully two-thirds of the same. Now, how shall this plan be carried out? Granting its value as a matter of conciliation to the numerous friends of the present department at Ann Arbor, and also the incomparable advantage to the cause of humanity of a separate school, how shall such a school be established? It is the firm conviction of judicious friends of homœopathy that the Legislature of the State will not gratify our opponents by initiating such a plan as they propose and voting large salaries to those who conduct such a school, but that we shall first be required to help ourselves; that we should show our sincerity and good faith by starting the enterprise in such a way that something of its future wants and capacities may be predicted. Fortunate it is for this city that there are many here who are of the same opinion, and who, notwithstanding the opposition of the above-named doctors and their advice for the "friends of homœopathy not to countenance or support" the measure, will favor it in a most commendable manner. No one need be so blind as not to see that this is such an opportunity for building up a flourishing educational institution in this city as is rarely presented, and that if it is not now improved, the opportunity will forever go by.

It is in the full knowledge of this matter that the originators of the Detroit Homœopathic College, with the approval of the Board of Regents, organized their school, and to snppose that they can now be driven from their course by professional envy and jealousy is to misjudge the spirit of men. Their plea that we are not working "openly and honorably," is *false*. There is not a man among them who has not been repeatedly importuned to take a part in this affair, although but one of them was really supposed to have any capacity for the same.

They have voluntarily and publicly arrayed themselves against this great enterprise, and have thrown down a gauntlet which we cannot do otherwise than accept. An exposure of more of their real motives and objections will be left to the future, and meantime your readers can rest, and these fidgety doctors *un*rest, if they choose, in the assurance that this institution will go forward. The number of true and reputable physicians who have offered their services *free* until such time as aid is granted from the State, or until it becomes self-sustaining, far exceeds our fondest expectations. Our enemies, we are confident, connot seduce them all, and our friends know that their contributions are so guarded that they cannot be squandered.

E. R. ELLIS, M. D.

DETROIT, November 13, 1871.

REMARKS BY GENERAL EDITOR.

We have space to notice only a few of Dr. Ellis' statements.

1. Dr. E. says:

"The plan of having a separate college as a branch of the University has been submitted to the homœopathic profession of this State and has been approved by fully two-thirds of the same."

This is correct, but not one-tenth of the homeopathic physicians of the State have approved of the private arrangement of Drs. Ellis, Younghusband, Spinney and others. It is absurd for Dr. Ellis, or any one else, to attempt to make the approval of two-thirds of the homœopaths of the State, of a homœopathic branch of the University, as proposed to them, equivalent to an approval of their scheme.

The proposition submitted to the homœopathic profession, which about two-thirds approved, was as follows:

"Are you in favor of a separate medical school as a branch of the University, under the name and title of the '*Homœopathic Medical Department of the University*,' in some place outside of Ann Arbor, with a full corps of Professors that shall in all respects be of equal rank to the medical professors at Ann Arbor, whose students shall enjoy all the rights, privileges and immunities of the medical students at Ann Arbor; and when graduating, shall receive the University medical degree; provided always that the Regents will give us satisfactory assurances that they will co-operate with us in establishing such a school?"

The college of Dr. Ellis and friends differs from this proposition in every particular.

1. It is not a branch of the University.
2. Its professors will not rank with the professors at Ann Arbor.
3. Its students will not have the same rights or privileges.
4. It cannot issue the University degree. [Is it incorporated? Has it power to issue any diploma at all?]
5. It is not established by the Board of Regents, with the co-operation of the physicians of the State, but is a private contrivance to secure the benfits of a public interest.

The homeopathic physicians ask for: Either admission into the medical department at Ann Arbor, by one or more homœopathic professors, according to law; or the establishment by the Board of Regents, of a homœopathic college, as a branch of the University, with a full corps of professors, to be nominated by vote of a majority of the homœopathic physicians of the State, and *appointed by the Board of Regents*, such professors to be of equal rank to the medical professors in the allopathic department; its students to have the same rights and privileges, and to receive the University degree when graduating. Such branch to be aided by the State, or fostered by the Regents, until it shall be self-sustaining.

Dr. Ellis further says:

"There is not a man among them who has not been repeatedly importuned to take a part in this affair, although but one of them was really supposed to have any capacity for the same."

This is certainly very complimentary to the four physicians referred to, and particularly creditable to Dr. Ellis, or the proposed college. Only *one* of the four "*really supposed to have any capacity for the same*"—that is, a professorship in their college! Yet the three incapables, according to their estimation, were "*repeatedly importuned*" to take positions. What does this humiliating confession amount to? Is it this, that the profession have so little confidence in the scheme that half the professorships are vacant? That they are offered to those who have no capacity for lecturing—and even these cannot be moved by repeated importunity? Or does it mean that only one in four of those already committed to the plan are qualified to be professors in a medical college? May we not suppose that the same course has been pursued from the inception of the enterprise—professorships offered to four where only one possessed *any capacity?*

The names pf seven professors appear on the announcement as stitched in the *Observer* of November last: Drs. L. Younghusband, O. P. Baer, E. R. Ellis, Cornelius Ormes, Andrew B. Spinney, Francis X. Spranger, Geo. H. Palmer. Of these one (Dr. O. P. Baer) peremptorily declines, saying he never authorized the use of his name. We understand that neither Dr. Francis X. Spranger or Dr. George H. Palmer, who are both gentlemen of moral worth and scientific attainments, are committed to the plans of the college as proposed, but would rather favor a homœopathic branch of the University, according to the proposition printed as above, which they both signed. Four professors remain: Dr. Ellis, Dr. Younghusband, Dr. Spinney and Dr. Ormes. Are we to believe that only one of this four was "really supposed to have any capacity"? If so, we are much more anxious to know which is the one of these four than to be informed which one of the other four was estimated as having no capacity. Will Dr. Ellis say it is himself? Is it Dr. Younghusband? Or Dr. Ormes? If not, it must be Dr. Spinney, whose abilities are preëminent. Is he not a lecturer of rare

qualifications? A philosopher? Hear him at the Convention of Spiritualists at Battle Creek, Dec. 11:

"*Dr. Spinney, of Saginaw*, was then introduced, and gave an address. The subject of his discourse was *various*. He forcibly remarked that he was no theologian, that in fact theology was to be hated, as '*it has been a vast sea of carnage.*' The theological world has never come out and affirmed that all the elements and substances in nature were for the particular use of man, nor in truth had the majority of the scientific men of the present age, for they are tied to a creed. The speaker asked, Who are the saviors of humanity? Are they to be found in the churches? Not so. But modern Spiritualists could be saviors if they would go according to instructions received from the spirit world. To do this they must not seek after sensual pleasures, as many of them do, but must become elevated and purified—fit to lead and teach others."

Is he not a noted *discoverer*, also? Read his advertisement as it appears in a Saginaw paper:

THE GREAT DISCOVERY OF THE AGE,

SPINNEY'S HOMŒOPATHIC SPECIFIC

AGUE PILLS!

For the cure of Ague, Bilious Fever. and all forms of Stomach and Liver Disease.

PRICE, ONE DOLLAR

CROUP AND COUGH SYRUP,

A perfect specific for Croup, inflammation of the lungs, bronchitis, and all forms of Cough. Price one dollar.

Hundreds of persons in the Saginaw Valley can testify to the wonderful powers of these remedies, which are prepared strictly on homeopathic principles.

Manufactured and sold at wholesale by A. B. Spinney, M. D.. Robinson Block, East Saginaw, by all druggists in this city, by Haines' Bros., Midland, etc., etc.

Is he not a *writer*, also? An adept in one kind of writing. Let us read:

DETROIT, June 20, 1866.

I would say that Dr. Spinney has shown me a sample of a truss, known as the Stevenson Truss, being introduced by Dr. Stowe, and that I consider it a very good one indeed. E. A. LODGE, M. D.

I would say that I saw the same truss, at the same time, and I think it worthy of a good and faithful trial. J. A. ALBERTSON, M. D.

Similar certificate, signed Dr. DRAKE,

All written by Dr. Spinney and signed with these physicians' names without *any authority whatever*. Is not Prof. Spinney a great writer? Must *he* not be the only one who "*was really supposed to have any capacity*" for a professorship?

We must drop this vein of irony to give room for a reply to Dr. Ellis from Dr. E. H. Drake:

To the Editor of the Detroit Tribune:

We have to say in regard to the communication of "E," in your issue of the 13th, that he has not quoted our language correctly; that he has written in a petulant spirit, not becoming to one who aspires to be a public teacher. The money accruing from the grant made by the General Government belongs as much to the homeopaths as to their opponents. This money has been used to foster and build up the allopathic department, and pay its professors, till, as is asserted, it has become self-sustaining. Let the Regents give the homeopaths the same use of it for the same purpose, and we will be satisfied. As regards ruining the present medical department, it makes no difference whether we are admitted at Ann Arbor or have a branch medical department. As soon as the Regents officially recognize the existence of homeopathic medicine, and determine for its being taught under the auspices of the University, the American Medical Association will issue its mandate ostracising every professor in the medical department who does not resign, and refusing to recognize its graduates and the department is "gone up." Few will have the manhood to withstand its demands. This will be the case not only with the professors, but with the allopathic profession at large. Consequently the present medical department of the University will be as effectually broken up as though one of our members, with the dreaded "little pills," should appear in their midst at Ann Arbor. Any member of the American Medical Association will so inform any person who chooses to make the inquiry. I refer the Regents to the cases of Dr. Bliss and of Dr. Gardiner, that they may realize the dangerous grounds upon which they are treading.

We are in favor of a separate medical department, with, as the Regents say, "proper provision for its support," and not till then. This support has always been given the allopathic department; therefore it is simply just, and certainly proper, to demand it for the branch homeopathic department, if we are to have one; otherwise let us be admitted into the medical department at Ann Arbor and we will take our chances. But these Detroit college men say "no" to this just demand, and in substance tell us that. although the allopathic department has been built up with the funds of the University, to which all are equally entitled, yet if the homeopathists of the State wish to lecture in the University, they cannot, because it will drive out the allopaths. If they wish a separare medical department, they must first put their hands in their own pockets, and in those of their patrons, and help themselves. Homeopaths of this State, are you ready to do this? We think not. Let us as one man demand the same treatment that has been so generously given to our old-school *brethren*, and then unitedly work for success. The question of attempting to start a homeopathic medical college in Detroit or elsewhere ("to be eventually connected with the University") before there is even a shadow of law authorizing such connection, or a dollar appropriated for its support, thus making it simply dependent upon the charities of the public and profession for its existence (a flourishing institution indeed! !), has *not been* submitted to the profession of this State, and *dare not* be by its authors, with a clear statement of the facts accompanying. We have stated, and do so again, that we will abide the results of such submission. D.

DETROIT, November 14, 1871.

MEETING OF HOMŒOPATHIC PHYSICIANS AT ANN ARBOR.

ANN ARBOR, November 22, 1871.

This afternoon a meeting of homeopaths outside of the so-called State Society was held at Cook's Hotel, the following physicians being present: E. D. Burr, Lansing; T. Baker, Jackson; J. D. Kergan, Corunna; E. P. Burch, Ovid; T. B. Benedict, Ionia; F. B. Smith, Owosso; T. N. Parks, Corunna; B. F. Bailey, Lansing; E. R. Ellis, Detroit; A. McNeil, Corunna; L. Younghusband, Detroit; J. R. Hyde, Eaton Rapids; F. X. Spranger, Detroit; J. H. Cowell, East Saginaw.

Dr. T. B. Benedict, of Ionia, was called to the chair, and Dr. Parks, of Corunna, elected Secretary.

Dr. Burr, Dean of the Faculty of the Lansing Homeopathic Institution, offered the following resolutions, which were unanimously adopted:

Whereas, Four individuals, namely: Drs. Pomeroy, Eldridge, Thayer and Woodruff, have assumed, under the organization called the Michigan State Medical Association. to represent the entire homeopathic profession of the State, maligning and impugning the motives of all who fail to yield to their *dictum*, and refusing admission to their association of a large number of the profession whose presence their secretary had invited, upon technical grounds, unworthy and disgraceful to every honorable man; therefore,

Resolved, That the action of these members of our honorable profession, as embodied this day at the meeting held at the Gregory House, in this city, is a gross libel upon the profession of the State, whenever they allude to the action of others outside of their own organization.

Resolved, That while we reverence the gray hairs of these venerable fossils of homeopathy and forgive them their insults, our duty to the honorable profession we practice, to ourselves and the rising generation, demands that we shall no longer submit to their imbecile dictation; that by our inaction they shall no longer be permitted to retard, paralyze and prevent the onward progress of our noble calling within the State.

Resolved, That the proper teaching of those desiring to practice our noble calling is of vastly more importance to the profession than the particular manner in which the same shall be arrived at, and we, therefore, encourage, and support and urge to do the same any and every effort that shall promote that end.

Resolved, That we cordially invite every homeopathic physician in the State to meet with us in Lansing, on the second Tuesday in January next, when and where everything pertaining to the interests of homeopathy within the State will be considered, assuring them that no honorable member of the profession will be refused admission or treated otherwise than with gentlemanly courtesy.

Dr. E. R. Ellis, of Detroit, offered the following resolution, which was unanimously adopted:

Resolved, That it is the sense of this meeting (and we know that the larger portion of the profession in this State concur in the same) that a Homeopathic Medical College outside the present Medical Department in Ann Arbor, meets the present and future wants of the profession of this State, and that we will labor diligently for the accomplishment of the same.

HOMŒOPATHY IN BOSTON.

A dispatch from Boston says:

The trial of members of the Massachusetts Medical Society who practice homœopathy, by a council composed of five allopathists, has been

adjourned to December 5. The homœopathists have entered a protest against the authority and right of the society to dictate in the premises, and have obtained an injunction from Judge Ames substantially forbidding their expulsion.

This refers to recent action taken by the allopathic members of the Massachusetts Medical Society, which has excited the physicians of the whole country.

Editors Philadelphia *Post* say: We understand from private information that nearly all the gentlemen thus cited to appear are physicians of high standing, graduates of Harvard, and that they became members of the Massachusetts Medical Society under its rules. The only charge against them is that they practice in the homeopathic school. It is hardly necessary for us to condemn this intolerance. Homeopathy is a fixed fact, and to practice it can hardly be "conduct unbecoming and unworthy an honorable physician" in a society not based upon an exclusive dogma. The question is whether the Massachusetts Medical Society is thus exclusive, and whether the rights it has obtained from the State enable it to expel one class of members because they differ in their opinions from another class. If the courts do not settle this dispute properly, then public opinion will.

(Boston Post, Dec. 6.) The battle of the doctors may be considered as ended, and the anxious public will be delighted that it is all over without bloodshed, and that the contending forces withdraw without the loss of a man on either side. The decisive engagement, to which the previous encounter was to be only a skirmish, took place yesterday, and chroniclers who would write of deeds of valor on the part of the opposing combatants will find little material for their pens. There was no bombardment of boluses, no fusilade of medicated pellets, no valiant charge with amputating instruments. The attacking party withdrew before a gun was fired, leaving the promise of an armistace of four months or longer. The action appears to indicate that the prosecuting members of the Massachusetts Medical Society have decided to drop the whole matter; for, while basing their postponement of the trial upon the fact of the injunction, they declined to proceed with the case of Dr. West, which was not covered by that instrument. So, although it is nominally a drawn battle, it is practically a victory for the homeopaths, and they are to be congratulated accordingly. The effect upon the public at large will be to confirm it in its right to be cured in such manner as it may choose of the various ills which flesh is heir to; and to remove any feeling it may have had in regard to the legality of the relief it experiences from either Homeopathic, Thompsonian, or other treatment.

Small-Pox in Philadelphia.—A friend writes: "I see your notice of small-pox in Philadelphia is too large with regard to deaths. The largest weekly death rate, when at its height, was 233, but that has greatly diminished now, and the disease seems under control, since the majority of the people acted upon the suggestion of the Board of Health, and got vaccinated. You seem to have gotten the whole weekly mortality of all diseases under small-pox, or else taken some 'wild report,' which newspapers of other cities have freely circulated, to the injury of the business interests of Philadelphia."

Personal Notices, etc.

HEMPEL.—Our friend and colleague, Prof. Hempel, is at present in Rome, Italy. We trust that improved health will enable him to furnish the articles for the *Observer* that he contemplated writing before leaving our shores. We all hope for his return, restored to vigor of mind and body.

RUDDOCK.—Dr. Ruddock announces that at the end of the current year his superintendence of the "*Homœopathic World*" will cease. We have considered his journal the best popular periodical of our school, and we hope that he will be able to leave it in the hands of those who are competent to conduct it with something like equal interest.

MARITAL.

MARTIN—GAUSE.—On October 19th. 1871, at the residence of the bride's parents, 140 North 12th st., by the Rev. E. D. Fendall, assisted by the Rev. W. H. Warren, JOHN L. MARTIN to ELLA P.. eldest daughter of Prof. O. B. GAUSE, of Philadelphia.

NECROLOGICAL.

WHITE.—We are pained to hear of the demise of J. Ralsey White, M. D., of New York City. Dr. W. called upon us last summer, looking so vigorous that we supposed he had before him many years of life and usefulness. We understand that he spent some months in travel, returned to his medical practice much invigorated, was taken sick with typhoid fever, recovered, then had a relapse, and passed from the earthly tent to the heavenly house—from the deceptive and temporal to the real and enduring.

REMOVALS.

BLAIR.—Dr. A. O. Blair, from Cleveland, O., to Columbus, O.
BLACK.—Dr. C. D. Black, from Bloomfield, Iowa, to Pickering, Mo.
BOYNTON.—Dr. F. M. BOYNTON, from Henderson, Texas, to Shreveport, La.
COX.—Dr. Geo. H. Cox, from Philadelphia to Hastings, Mich.
FISHER.—Dr. A. L. Fisher, from Brady, Mich., to Shelbyville, Indiana.
GARDNER.—Dr. Richard Gardner, from Baltimore to Philadelphia.
JAMESON.—Dr. R. E. Jameson, from Abingdon to Jamaica Plains, Mass.
LEAHMAN.—Dr H. Leahman, from Mt. Avery, Ohio, to Toledo, O.
MECHEM.—Dr. J. J. Mechem, from Battle Creek, Mich., to Titusville, Pa.
PERKINS.—Dr. E. Perkins, from Canton to Peoria, Ill.
VAN NORMAN.—Dr. E. V. Van Norman, from Ashtabula to Cleveland, O.
WHITFIELD.—Dr. I. J. Whitfield, from Big Rapids to Grand Rapids, Mich.
YOUNGHUSBAND.—Dr. L. Younghusband, from Mt. Clemens to Detroit, Mich.

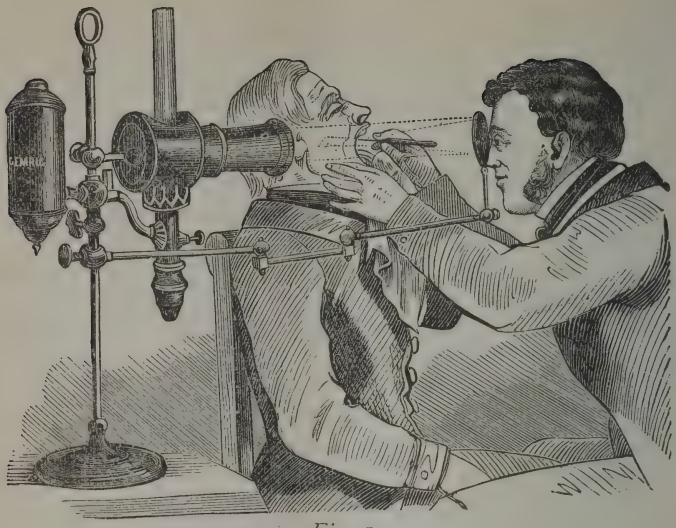


Fig. 1.

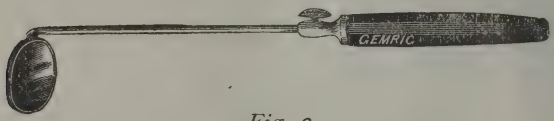


Fig. 2.

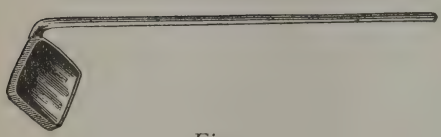


Fig. 3.

Fig. 4.

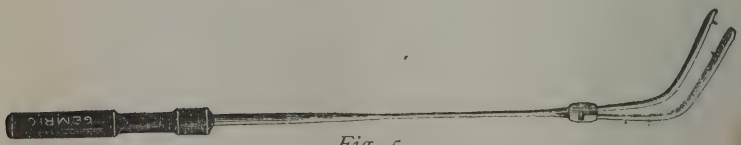


Fig. 5.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

LARYNGOSCOPY.

Growths within the larynx require surgical attention as much as the more external morbid developments; but diseases located in this region have been in former years generally neglected, on account of the difficulty of accurately diagnosing them; for, prior to the invention of the laryngoscope, no good ocular examination of their real nature, condition and changes, could be made. It is true that local pain or distress, with probably a croupy cough, would point to a disease at this part, or we might have dyspnœa, leading us to understand that a tumor was pressing upon the neighboring tissues, and in this way we could judge that it was not simply an inflammatory condition of the vocal cords, such as produce loss of voice or hoarseness. These conditions we would be able to diagnose in a general way from œsophagal troubles, or formations upon the epiglottis, where we have present a difficulty in deglutition or swallowing, accompanied with pain. These signs are rather equivocal in themselves, because we may have a privation of voice from a paralyzed condition of the nerves supplying the vocal organs, or a sudden powerful emotion may so shock the general nervous system as to produce inability to speak, lasting for an indefinite period, or we may have a spasmodic action, occurring in the larynx, producing paroxysms of suffocation, the result of some morbid state either of the muscular or nervous system, and how are we to know the real nature of the disease perfectly without getting a view of the pathological appearances of the parts involved. To aid us in this matter we must have recourse to the instrument above mentioned.

The clearest way to explain the laryngoscope is with a cut showing not only the instrument but the mode of using it. See *Fig. 1.*

To the left may be seen Tobold's lamp, and to the stem of the lamp is a double-jointed bracket, to which is attached a large reflector with a small opening in the center, as may be seen in front of the observer, far to the right in the cut. The rays of light in the lamp are concentrated upon this mirror,—the mirror being placed at such an angle that they are reflected into the mouth of the patient, as may be noticed in the central part of the view. These rays strike upon the laryngoscopic mirror which the observer may be seen holding within the mouth of the patient, against the soft palate and uvula, with his right hand. This small mirror is held in such a position that by its inclination the light is reflected from it down the throat into the larynx, and if the person being operated upon holds his head in the proper attitude, and depresses his tongue with one fore-finger, the operator can, by steadying his hand, which is easily accomplished by resting two fingers on the jaw, maintain the instrument in such a position that he can not only look through it down into the larynx, but can even see into the trachea. Thus any ulceration, inflammation or tumor, existing, can be accurately and precisely diagnosed, quite as readily as though they were external. Of course it is a matter of practice and frequent manipulation to acquire perfection in the use of this instrument, simple as it is, and easy as its application appears to be. But if it be remembered that some persons are extremely sensitive to the least touch about the palate or pharynx, with resulting gagging or emesis, it will be easily understood that some cases have to undergo a sort of training of the parts for a time, to accustom them to the presence of the mirror, before a good view can be obtained.

Laryngeal throat mirrors such as I have described, and as used to illuminate the parts to be examined, and which reflect images of the diseased states of the throat back through the opening in the reflector, to the observer's eye, are of different shapes and sizes. In *Fig. 2* you will observe the ordinary round mirror, consisting of a handle with a screw and with an

opening at its end, into which the stalk of the different sized instruments may be inserted or removed, according as the one or the other is needed from time to time. This cut shows the stalk of the mirror placed in the handle and held fast by a little round screw, while at the end is the laryngeal mirror itself attached to the stalk at an angle of from 120° to 150°.

Fig. 3 illustrates the square-shaped laryngeal throat mirror, attached to its stalk. It is needless to illustrate the oval-shaped mirror with a cut.

It is very easily seen that with a mirror placed at a proper angle on the stalk, and then turned so as to look upward instead of downward, a good view may be had of the upper part of the pharynx and the posterior nares. In this way the turbinated bones can be seen just arching backwards, while a good view of the openings of the eustachian tubes can also be had; thus the great diagnostic value of this simple instrument is at once recognized.

Sometimes the patient is so nervous as to be unable to maintain his forefinger upon the tongue, or rather upon the napkin placed upon the tongue for its better protection, for a sufficient length of time to enable the surgeon to operate upon a morbid growth that has to be removed, hence it is essential to have a good tongue depresser that will press upon the tongue and at the same time will be of such a form as not to be in the way while operating.

Fig. 4 is such an one as will meet this emergency. It is made of hard rubber, and was invented by Dr. J. Solis Cohen, of Philadelphia, a well-known operator on the larynx. In operating about the throat, more or less blood is likely to accumulate and obstruct the view of the surgeon, and it must be gotten rid of in order to enable him to proceed, as well as to prevent it trickling down into the trachea, and by forming a clot in the air passages, produce alarming symptoms, hence we require to frequently sponge out the parts, and in order to accomplish this, the sponge-holder, as observed in *Fig. 5*, will come into use. It has a bayonet catch, and is bent at an angle similar to that of the laryngeal mirror, so that when the sponge is grasped by it there is no fear of its becoming loosened in

the throat, while the angle at the end of the instrument enables it to be the more readily introduced deep down into the throat.

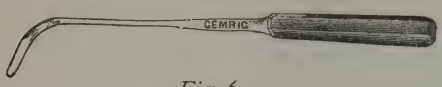


Fig. 6.

In *Fig. 6* will be seen an ordinary throat scarifier, which exhibits one of the principal instruments in operating upon this region. It has about the same angle as the sponge-holder, but its extremity is sharpened much like a gum-lance, all around its cutting end, although it has no oval shape such as is observed in that instrument. Many other throat instruments might be here shown, but it is better not to exhibit them, unless we can show the operation itself, and the the application of each instrument as required. There is, however, one more, of which we will speak, known as the powder insufflator, *Fig 7.* It is useful in making applications to the throat, where it is inexpedient to operate with a knife, but where some local escharotic, or some remedy in the shape of a powder, will answer the same purpose as an operation. Or it may come in use in such cases as require immediate temporary relief, where the patient's general health will not admit of the more prostrating procedure of a surgical operation. It can also be applied to make applications into the posterior nares. A view of the rubber bulb and bent tube is a sufficient explanation of the mode of using the instrument.

Fig, 7.

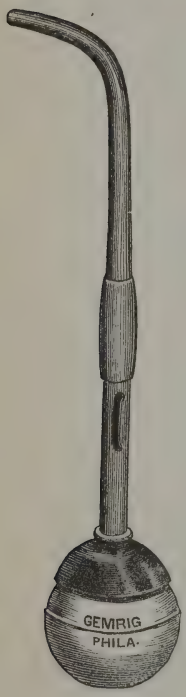


Fig. 8.

A more economical apparatus for examining throat troubles may be seen in *Fig. 8.*, which shows an ordinary round reflector upon the

forehead of the observer, and held there by a rubber band passing around the head. A good light is made to shine upon this reflector, the head is placed so as to let the reflected rays strike upon the laryngeal mirror, and reflect down the throat, the observer accommodating his head all the time to such a position as to accomplish this end. This leaves his vision clear, so that he does not have to look through a small opening, as in the other instrument, while a little practice will enable him to hold his head steady enough to maintain the light directly into the mouth, and upon the laryngeal mirror placed and used as in the instrument above described. This answers very well for observation, but for operation the large laryngoscope, with Tobold's lamp attached, is much the more satisfactory of the two, for there the operator's attention does not have to be constantly upon the position of his head, for the maintainance of a constant good illumination of the parts being operated upon. At some future day we expect to note some of the operations upon this region.

THE VALUE OF CARBOLIZED CATGUT AS A SUTURE IN HERNIAL OPERATIONS.

It is well known that the antiseptic ligature of carbolized catgut can be used in ovarian and other operations, and the ligature is not required to be removed, as it, being animal tissue, is either converted into a firm, germinal structure, or is replaced by new cells of living tissue, making, thereby, a strong band, so that it does not cause suppuration, but remains without irritation until this living texture is formed. This fact has been taken advantage of by Dr. Henry O. Marcy, of Cambridge, who has found that in operations upon hernias, where he used the carbolized catgut as a suture, a strong band of tissue subsequently occupied the place of the catgut, after the lapse of time, and that this firm band was very useful in retaining the intestines and preventing a recurrence of the rupture. We will extract portions of his cases, as they appear in a late number of the *Philadelphia Medical and Surgical Reporter:*

The first is that of a lady 60 years of age. "Five days pre-

vious she had been seized with severe pain and vomiting, and had been confined to her bed since that time. Long-continued and careful taxis had failed to reduce the hernia, and for twenty-four hours the vomiting had been stercoraceous, and the patient seemed *in extremis*. The hernial tumor was of the size of an egg, protruding from the external inguinal ring. A careful dissection exposed the sac, composed of the fascia lata and conjoined tendon, which was closely adherent to the surrounding parts. The constriction was in the ring, bounded below by Poupart's ligament and above by the transversalis fascia and conjoined tendon. The stricture was divided in the usual way with the hernial knife carefully introduced upon the finger. This was with some difficulty accomplished, owing to the constriction of the ring. The sac, unopened, was then pushed up with its contents into the abdominal cavity, and two stitches of medium-sized catgut ligature were taken directly through the walls of the ring. The wound was dressed antiseptically, and from Dr. Clark's notes taken at the time, which he has kindly furnished me, I find the patient complained of no pain, and steadily progressed without serious accident, and was discharged, convalescent, March 12th, twenty-one days from the time he first saw her.

The wound was not entirely closed by first intention, but a careful daily examination showed no trace of our ligatures, and an abundant deposition of new tissue could be felt in the line of the opening about the walls of the ring. This has proved a radical cure of the hernia, and a firm, hardened deposit may still be felt marking the closure. The ligatures were first suggested to my mind because the patient suffered severely from an astnmatic cough, and it was at least desirable to secure a temporary strengthening of the weakened ring."

This was a very favorable result for the first trial, especially upon such an aged patient. The second case was upon a younger female, and with a very satisfactory result also.

Mrs. L., aged about 45, approaching to the climacteric period, had been very much reduced by excessive menorrhagia, and upon March 10th my attention was called to an old, direct, inguinal hernia of the left side, usually supported by a truss,

which had come down the night previous, and defied the patient's efforts to replace.

After two attempts to reduce the hernia, under ether, had failed, assisted by Dr. W. W. Wellington, of this city, I operated as in the first instance, dividing the constricting ring and replacing the sac and its contents unopened. Three carbolized ligatures were applied through the walls of the ring, and the wound carefully dressed with carbolized lac plaster. As in the first place there was complete absence of pain,—the wounds united without suppuration,—there was an abundant deposit of new material about the ring, and when last examined in June, the cicatrix was linear, but a firm, hard deposit of new tissue could be felt marking the site of the suture. It is, perhaps, needless to add the cure is radical, and in neither case has the patient used a truss since the operation."

Should this new application of this form of suture prove generally effective, we will expect to see it come into general use in vesico-vaginal and other similar operations, where the newly formed cicatrix is required to be strong, and capable of resisting tension upon it.

SCIRRHUS TUMOR.

A Surgical Report read by E. J. Fraser, M. D., before the San Francisco County Medical Society of Homœopathic Practitioners, October 10th, 1871.

Mr. President and Gentlemen:

It is my pleasure to exhibit to you, to-day, a cancerous tumor which was removed from the abdomen of Mrs. V., of Petaluma, on the 29th day of last July.

The history of the case, obtained from herself and her physician, Dr. J. S. Shepherd, of Petaluma, runs about as follows:

About eight years ago, when her first child was born, she began to suffer from a pain and tenderness of the left side of the abdomen, above the umbilicus. This was so sore and sensitive that she could scarcely bear to be touched or endure the ordinary pressure of her clothing. At other times she was comparatively comfortable, and attended to her ordinary house-

hold duties without inconvenience. She bore two other children without any unusual aggravation of her symptoms.

In the early part of April last, she gave birth to her fourth child, when ascites supervened to such a degree that paracentesis abdominis became necessary. The first operation was performed on the 20th day of last April, when 29 lbs. of serum were withdrawn.

About this time her left side became paralyzed.

Notwithstanding the best known medical treatment, the abdomen filled again, so that the operation was repeated on the 31st day of May, when 25 lbs. of serum were withdrawn.

On the 26th day of June she fell and hurt herself severely. Two days afterward she suffered so much, and seemed so full, that she was tapped again, when 16 lbs. of blood and serum were withdrawn; about two-thirds of this was blood.

On the 10th day of July, twelve days after the last tapping, the operation was again performed, when 10½ lbs. of fluid, mostly pus were withdrawn.

Her excellent physician had been aware for some time that she was suffering from an abdominal tumor, and as the patient and her friends were anxious to have it removed, he consulted me in regard to it, about the 12th day of July.

As the case seemed so hopeless, an operation was discouraged.

On the 25th day of July, the abdomen being again fearfully distended, another operation was attempted, but no fluid whatever was reached. A probe five inches long was introduced through the puncture without meeting any resistance or exciting a flow of any kind.

The puncture was made about midway between the umbilicus and the os pubis. Subsequent investigations showed that if the puncture had been made an inch or two higher, or if it had been carried upward at an angle of 45°, instead of horizontally, the sac would have been entered.

On the 27th day of July her sufferings were so extreme that she desired the removal of the tumor at all hazards, even if she died upon the operating table.

Having received a dispatch from Dr. Shepherd, I went up to Petaluma and removed this tumor on the 29th day of last July.

I found the patient to be 30 years of age, of a nervo-bilious temperament, with bright black eyes, black hair and fair skin.

She was terribly emaciated and very weak, but her feet and lower limbs were anasarcous and swollen to a great degree.

The abdomen was much distended, and an unusual distance between the ensiform cartilage of the sternum and the umbilicus was noticed. Below the umbilicus, where the punctures had been mode, the projecting point of the peritoneum, forming the lesser cavity, had become so thick, together with close adhesions to the abdominal walls, that it felt precisely like a large tumor at that point. No fluctuation could be detected in that region, but was distinctly felt at and above the umbilicus.

As she had suffered with a pain and tenderness of the right ovary, it was believed that she was suffering from an ovarian tumor. No indications of a tumor could be found anywhere, except at the point described. The unusual appearances of the abdomen, however, could not at that time be accounted for.

With all the adverse conditions of emaciation and dropsy, with paralysis of the left side, she persisted in her determination to have an operation for the removal of the tumor performed, at all hazards; it was therefore undertaken and conducted as follows:

The patient being fully anæsthetized with chloroform, an incision was made along the median line, from about two inches below the umbilicus, down to within two inches of the os pubis. After cutting through the abdominal walls, a hard, semi-cartilaginous substance, about half an inch thick, was found, at the upper end of the incision. This being penetrated, a stream of serum poured out with considerable force. A large gum catheter was here introduced, and about 25 lbs. of serum drawn off.

The abdominal walls having become lax and flat, a hard tumor was distinctly felt in the epigastric region. In order to reach it, the incision was carried around the left side of, and about four inches above the umbilicus, freely opening the lesser cavity of the peritoneum. The serum was all contained within this cavity, and the peritoneum surrounding it was from a quarter to half an inch thick. In the posterior wall of this cavity, a little to the left of the median line, this tumor was

found. Its weight was two and a half pounds, and its character unquestionably scirrhus. It involved the substance of the peritoneum, so that it had to be divided around the entire border of the tumor. But one blood-vessel was found around the border which required attention, and that was secured by torsion. The wound was closed with silver wire sutures, and strips of patent lint, saturated in linseed oil and carbolic acid, were applied. The patient rallied, after the operation was finished, and the next day was very comfortable. She continued to improve for several days, so that hopes of her recovery were entertained.

About a week after the operation, she took a severe cold, by having the windows open too late at night, which caused such a soreness of the throat that it was with the greatest difficulty that she could swallow liquids. No peritoneal inflammation followed either the operation or the severe cold.

After taking cold, her vital powers seemed to grow weaker, till the tenth day after the operation, when she died. She retained the full powers of her mind to the last moment, and expressed her satisfaction at having had the operation performed, as she had suffered less during the ten days following than she did during the single night before the operation.

In conclusion I would say that this case is presented to you solely because of its unusual character and striking pecu iarities.

NEW PLAN OF DRESSING WOUNDS.—*(Medical Record.)* The latest novelty in the mode of dressing wounds following amputation, or other causes, is reported to *The Lancet* by its Paris correspondent. It originated with M. Alphonse Guerin, and consists in introducing cotton-wool into the stump or wound immediately. The amputated limb, to take this example, is then wrapped round with dry, cotton-wool, a bandage being then applied, and tightened a little on subsequent days, if necessary, to maintain mild compression. The dressing, however, remains undisturbed until the twentieth or twenty-fifth day, when, on removing the packet of wadding, a glassful of pus is found in the folds of the cotton, and the wound is discovered to be quite healed. Notwithstanding the high mortality which existed during the German siege, M. Guerin obtained six successful results out of nine amputations of the thigh treated with this method, and all of his cases of amputation of the leg did well.

Clinical Observations.

W. S. SEARLE, A.M., M. D., BROOKLYN, N. Y., EDITOR.

SNAKE BITE.

WM. WILSON, M. D, CHARITON, IOWA.

A young man, aged 24, tall, muscular, of bilious temperament and quite healthy, while binding wheat in the field, took off his boots. Soon after he was bitten on the middle toe of the right foot by a large rattlesnake. In a short time it was much swollen and very painful, but as the distance to town was eight miles he delayed sending for me until the next morning. I found the lower portion of the leg and the foot so much swollen as to rupture the skin from the toe to the ankle, and quite black in color. He said he did not feel so badly as his foot looked, but he had been vomiting severely. I at once applied a strong solution of the crystals of carbolic acid in water to the whole limb, and gave internally *Lachesis 12* every hour. Within thirty minutes the swelling began to abate, and in three hours the leg, down to the ankle, had resumed its natural size.

The next day I found my patient very comfortable. He had slept all night. Healthy suppuration had set in, and in ten days the patient put on his boots. He has since informed me that the pain began to subside within five minutes after the application of the acid was begun.

CLINICAL CASE.

HERBERT M. DAYFOOT, M. D., MOUNT MORRIS, N. Y.

Was called to see an infant æt. three months, whose existence up to date must have proved anything but pleasant. Baby had been under allopathic care (?) for six weeks; difficulty

"summer complaint;" treatment, rhubarb, paregoric, Gregory's extract of opium, Ayer's ague cure, *three blisters to the abdomen*, and *one to the head*. Is it any wonder I found the child to consist of equal parts of skin, bones and drugs, with a greenish, slimy, fetid diarrhœa, nightly fever, sour vomiting, hiccough, and distended abdomen? The little one was "brought up by hand," and allowed for nourishment, cream two-thirds water, one-third.

The case was not a very promising one even for "little pills," but I resolved to grapple it. My first step was to change the diet to two-thirds *milk* and one-third *rice water*. My next, to wean the child from the "opium habit."

The first night baby seemed to summon what little energies it had left and gave utterance to one long-continued wail of demand for its paregoric; but we "fought it out on that line," and the next night the little one compromised matters by taking a dose of *Chamomilla 6th*, and enjoying two or three hours of sleep. This was encouraging, and so we gave what we considered the indicated remedy, *Calcarea carb. 30* twice a day. At the same time inunctions of warm sweet oil were ordered to be made over the chest and bowels.

In a few days a change for the better was perceived, and at the end of two weeks the frequency of the vomiting had diminished, the fever abated, the character of the stools was improved, the appetite had returned, and the scales showed that our little patient had gained one pound. At date of writing, baby has four teeth, the stools are natural, the sleep quiet and refreshing, and the little fellow presents as plump and healthy in appearance as any baby of his inches in the place.

Our professional predecessor in this case has since passed away; gone, we trust, to a bourne where *blistering* is not deemed an act of hospitalily.

REMARKS ON CLINICAL REPORTS.

DR. W. S. SEARLE; *Dear Sir*—I have read with very much pleasure the Clinical Department of the *Observer* for the last month, and it refreshes my memory in several particulars.

In the case of "Eclamsia Infantum," by Dr. Williams. of

Joliet, Ill., as you say, the result in Dr. W's case was satisfactory, but, like yourself, I *do love* simplicity in practice, whether it is in allopathy or homœopathy. I was hospital steward in the army, and being on general hospital duty a portion of that time as "dispensary steward," I had an excellent opportunity of comparing "doctors." One I remember in particular. His "book" was one of the finest specimens of moderation in practice I have ever met. Mentioning it one day, he said with emphasis, "Be as simple as you can; give as little medicine as you can.." One other I remember: his "book" was crammed. Reverting to the case above, I have found lancing the gums alone to stop crying, diarrhœa, etc. In one case of greenish and mucous diarrhœa, with extreme nervousness and continual crying I lanced the gums while the child lay on the shoulder of the nurse, who was carrying it up and down the room. *Immediately* the gums were lanced the crying stopped, and friends thought something was wrong. I need nardly add I did not visit the child again. Of course, all cases are not so simple, but simplicity is worth a trial. In other cases, and those of ordinary character, I find a use of *Chamomilla 3 x*, occasionally say three times a day, and *Mercurius sol. 3 x*, every 2 to 3 hours, or after stool, very efficacious. Then I lance if necessary. Of course I seek the *similimum*, but I find the above generally useful. Without being a routinist, I think every homœopathic physician in ordinary complaints possesses a few "sheet anchors." I will remember *Veratrum viride* for future demands. I would like to ask Dr. Brown if he used *Aconite* in his case of "angina pectoris." The profession is certainly indebted for the account of the fine action of *Dioscoræa*. I have great confidence in *Chelidonium majus*, in "gall stones." Did you ever use it?

I have the facts of a case to match that of Dr. Price, and better, as peaches, alone, were used. The subject was one David S., from the army. Was over 200 lbs. in weight when first enlisted; had been a blacksmith; was a specimen of health, but intemperate. Contracted diarrhœa, and was treated for two months; became reduced to a skeleton, comparatively; medication, of course, allopathic, was powerless, and he was dis-

charged to go home to die. After getting home he took medicine from allopaths for a month or two more, but only to completely despair. It being peach time, he vowed he "would have all he wanted to eat, as he was going to die anyhow." Improvement immediately set in, and he got well.

Buttermilk is also a fine dietetic remedy, and I would call attention to an article on Skim Milk, in Half-Yearly Compend for July, 1870, (in Bright's disease, disease of the supra-renal capsules, fatty degeneration, obesity, etc.,) taken from the *Lancet*, contributed by Dr. Arthur Scott Dunkin. The cream must be carefully skimmed off.

He mentions a case of angina pectoris, in a lady, who "suffered from great dyspnœa on the slightest exertion, but in whom no valvular disease of the heart could be detected to account for it, nor any other cause whatever, except fatty degeneration, which we had good reason to believe had commenced in the heart and elsewhere in the muscular system. Our patient had long indulged in an excessively fatty diet and sedentary habits, and she was in a state of great obesity. A skim milk diet was strictly adhered to for several months, and with a marvellously good effect. The symptoms of angina pectoris soon began to subside, and ultimately disappeared altogether, while the obesity was remarkably diminished, and the patient enabled to enjoy exercise freely and without inconvenience." Can you, by the way, give any experience with *Phosphorus* in fatty degeneration?

Dr. Dunkin says the skim milk very seldom disagrees with his patients, and he never knew it to produce diarrhœa. On the contrary, it generally induces constipation, a symptom which though it frequently requires to be remedied by a mild laxative, he regards as a certain indication that the milk is agreeing with the patient, and producing the beneficial results for which it has been prescribed.

The milk may be given warm or cold, according to the inclination of the patient; it must not however, be boiled, as a temperature of 212°, I feel certain, either seriously impairs or altogether destroys its therapeutic efficiency."

He also says that an exclusively skim milk diet, in cases of polysarca, is a much more potent and agreeable remedy than

is the system termed Bantingism. Taken to the extent of six or seven pints daily, he says the first appreciable action, is that of an energetic diuretic. rapidly producing a profuse flow of urine, In Bright's disease, the effect is to *flush* the uriniferous tubules, and dislodge and wash out the concrete casts of the epithelial cells by which they are blocked up and distended.

"The administration of milk causes the immediate absorption into the blood of a large quantity of albumen in a condition specially prepared in the laboratory of nature for the assimilation and nutrition, as well as every other substance requisite to nourish the body. Consequently in the disease under consideration, it quickly restores the lost albumen to the blood, and removes its hydræmic condition; the specific gravity of the serum is soon raised to a healthy standard, and the deficient red corpuscles are replaced. Under these circumstances, the dropsical effusion is rapidly absorbed."

"Milk, then, does not merely remove the dropsy by simply withdrawing a large quantity of water from the kidneys, as is done by ordinary diuretics, but, in addition, it prevents its *return* by restoring the healthy condition of the blood, and this, too, with a rapidity which cannot be effected by any other remedies.

"No better illustration could possibly be furnished of the wonderful efficacy of an exclusive skim milk diet in removing renal dropsy than the two cases recorded in my previous contribution. In the case of W. M., the dropsy was so urgent as to threaten the destruction of life, yet no less than 27 pounds of dropsical fluid were removed in nine days, at the end of which period it had entirely disappeared. This case, however, illustrates the necessity of a rigid perseverance with the remedy; because, as already stated, the patient, thinking himself cured, [I have not the contribution referred to.—H. N. K.] as soon as the dropsy had subsided, began, contrary to instructions, to partake of various kinds of food offered by the other patients in the ward, the result being a severe exacerbation of the disease and a rapid return of the dropsy, which threatened to be immediately fatal, but which, nevertheless, was again subdued by beginning the treatment *de novo*."

I do not quote this believing it the *only* or *best* treatment, but in the hopes that it may be tested by some of our hospital physicians, as we are in search of remedies, and as such a treatment gives full scope to nature and diet, G. W. Balfour, M. D., M. R. C. P., clinical lecturer at Edinburgh Royal Infirmary, speaks favorably of it in a case of diabetes. He thinks it doubtful if patients can ever return to ordinary diet, however. He also admits present experience is too limited to afford any data in that regard. He says when the milk diet is employed in the cure of other forms of ill health, it is often conjoined after the first few days with a small amount of solid food; and what such patients relish most is plain bread with salt, or a salt herring; the mawkish, sweet taste of milk inclining them this way.

In diabetes, the thirst usually present makes it generally better to give the patient his full allowance, 6 or 7 pints of milk, and let him divide it over the day as he pleases. For other classes of diseases the amount of milk must be at first restricted to two or three pints a day; to be taken in divided portions at regular intervals. In ulceration of stomach, where there has been much hæmorrhage, or where there is great irritability, it should be taken once every half an hour, or hour in ℥ss doses, and he says such cases,—kept of course; in the recumbent position,—will not only live, but actually thrive upon this meagre diet. Yours, very respectfully,

H. N. KEENER.

Springfield, Ill.

POISONING BY STRYCHNINE.—A man in Harrisburg recently attempted to commit suicide by taking a grain of strychnine. The skill of his physician having saved his life, he relates his experience for the benefit of science. He says:

"In the course of five minutes I began to feel slight cramps in the calves of my legs. The cramps increased in intensity and extended to the feet and thighs, causing the most intense pain, I attempted to rise from the chair but fell to the floor with convulsions in the lower extremities. Unsuccessful attempts were made to bathe my feet in hot water, each effort to raise me bringing on a violent paroxysm, in the last one of

which I thought my jaws had become unhinged. I was now perfectly paralyzed from the hips down, and suffering the most excruciating pains, which began to extend upward, the muscles of the shoulders and neck soon being considerably convulsed, but the forearms still being free from pain, I now prepared for the final struggle, which I knew must be near at hand, as I had become rigid from the neck down, save the forearm. The convulsions of the muscles were becoming fearful, and the torture awful to endure. My hands were drawn in to my sides, with the fingers drawn apart, and slightly bowed, and the jaws became rigid. I felt myself raised as if by some mighty power, and fixed immovably, with only my feet and head touching anything. I became unconscious of everything except my own agony, which was now beyond all description. I could feel my heart fluttering, and my brain beating and throbbing with an irregular motion, as though at every beat it would burst from its confinement. Every joint was locked and every drop of blood seemed stagnated. I remember thinking it could not be long thus, when I must have lost consciousness. I remember nothing more until I felt a sensation of relief, as though the garments of death which had been drawn over me, were now being drawn back. Those terrible cramps seemed to be descending toward my limbs. A feeling of relief stole over me, and I began to be again conscious. From that time I resumed consciousness, when I was entirely free from cramp, with the exception of a little in the feet. I had but one attack of cramps afterward, which was immediately relieved by a dose administered by my wife—the doctor having left for a short time—and when he returned I felt that the poison was completely neutralized."

ERIGERON CANADENSE.—Dr. J. F. Garretson says :—"In any ordinary hæmorrhage, where something besides a local means seems necessary for its arrestation, 'Tinct. Erigeron can.,' given in single-drop doses, each minute, will be found very reliable. To give it in larger quantities than this, or more frequently, seems to defeat the end. In epistaxis, or the internal hæmorrhage, if not too severe, it is very useful, and seldom fails. The Erigeron grown in Rhode Island, near the sea-coast, seems to possess the most virtues."

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

APOCYNUM CANNABINUM.

(Indian Hemp.)

ANALOGUES:—*Asclepias tuberosa and syriaca, Eupatorium purpureum, Helleborus niger, Kali hydriod, Benzoate of ammonia.*

DESCRIPTION.—A perennial plant, growing in damp places by marshes and running streams, and is indigenous to nearly every part of the United States.

OFFICINAL PREPARATIONS.—Tincture, and infusions of the root.

SPHERE OF ACTION.—Mucous surfaces, serous membranes, skin and kidneys; causing increased secretion and elimination (primary,) followed by the opposite condition, (secondary.)

HEAD.

Heavy, stupid headache, with drowsiness.

o Hydrocephalus acutus, in children. (Third stage.)

EYES.

Heat, with redness and irritation, as if several sharp grains of sand were in it.

NOSE.

Nostrils and throat filled with thick yellow mucus.

o Coryza; first dryness, then thin, irritating watery discharge, followed by discharge of thick mucus.

o Infantile coryza, "snuffles."

MOUTH AND TONGUE.

Dryness, with nausea and thirst.

THROAT.

Throat filled with thick, well concreted yellow mucus in the morning.

Unpleasant degree of heat in the throat.

STOMACH.

Distension of the stomach and bowels after very light meals.

o Sinking at the stomach.

Violent vomiting, with prostration and drowsiness.

o Increases the appetite and digestion.

o Irritable stomach, so bad that the patient could not retain even a draught of water, in dropsy.

ABDOMEN.

Decided distension of the abdomen, especially after a moderate dinner.

The upper bowels seem distended,—the lower not at all.

Occasional flatulence, with slightly uneasy sensations of the bowels.

o *Ascites*—Many cases, from a variety of causes.

KIDNEYS AND URINE.

o *Difficult* and *painful urination*, from catarrh of the bladder, disease of the prostrate, or morbid irritability.

o Retention of urine, depending upon paralysis of the lower extremities.

o Diabetes insipidus.

o *Dropsy, general* or *local*, and from various causes, but chiefly from lack of eliminating power of the kidneys,

In cases of acute idiopathic dropsies, use the dilutions, beginning with the highest, and descending more or less rapidly according to the progress of the disease.

In chronic or atonic dropsies (secondary,) use the tincture, or if necessary, the decoction, in one or two dram doses.

SEXUAL ORGANS.

o Uterine hemorrhage with great irritability of the stomach and vomiting. syncope and failure of the pulse when moved; blood expelled in large clots, sometimes florid.

o Amenorrhœa in young girls with bloating of abdomen and extremities.

LARYNX, BRONCHI AND CHEST.

Unpleasant sensation of heat about the fauces and larynx.

Irresistible disposition to sigh.

Short, dry cough, and scanty expectoration of white mucus in the morning.

Oppression of the chest on waking.

Sense of oppression about epigastrium and chest.

It was difficult to breathe enough at times.

o Loose, rattling cough, with oppression of the chest. *(p.)*

o Short, dry cough, with scanty expectoration. *(s.)*

o Hydrothorax and hydropericardium.

o Hæmoptysis.

BACK AND EXTREMITIES.

Unusual heaviness of the head, with dull, aching pains in the small of the back and limbs.

No tenderness of the region of the kidneys on pressure, but a slight soreness of the parts when bringing the muscles into action, thus indicating the muscles as the seat of the pains.

Hard aching was felt several times in both knees, sufficiently severe to make me fear that an attack of inflammatory rheumatism was coming on.

o Œdema of the feet and ankles, remaining after typhus, or in dropsy.

APOCYNUM ANDROSEMIFOLIUM.

(Dog's-bane.)

ANALOGUES:—*Aconite, Asclepias tuberosa, Bryonia, Colchicum, Cimicifuga, Iris versicolor, Podophyllum.*

DESCRIPTION.—An indigenous, perennial, herbaceous plant, abounding in a milky juice, found in all parts of the United State; taste extremely bitter.

OFFICINAL PREPARATIONS.—Tincture of the root or whole plant.

SPHERE OF ACTION.—It appears to have a marked action on the muscular system and joints.

HEAD.

Bilious rheumatic and congestive headaches.

Rheumatic or neuralgic hemicrania.

NOSE.

Severe sneezing, with great itching and irritation in nostrils.

FACE AND TEETH.

Swollen sensation of the face and body.

Violent itching of the body and face.

Itching and burning of the face; twitching of the face.

Pain in all the teeth of the lower jaw, left side.

GASTRIC SYMPTOMS.

Tongue coated white.

Excessive nausea, with violent headache.

Vomiting, severe and long, with retching.

Increased appetite.

BOWELS.

Diarrhœa, with persistent nausea and vomiting.
Copious evacuations in the evening, of soft consistency, brown in color, with slight colic.
o Expulsion of worms (ascarides.)
o Constipation.
o Dyspepsia.

URINARY ORGANS.

Enormous increase of urine.
Scanty urine with headache.
Burning sensation in the urethra when urinating,
o Uræmia.
o Scarlatinal dropsy.
o Anasarca.
o Dropsy from disease of the heart.

GENERATIVE ORGANS.

(Men.) Tickling sensation at the end of the penis.
Burning in the urethra when urinating.
o Chancres on the glans penis ; syphilis.
(Women.) o Intermitting, bearing down, labor-like pains.
Dysmenorrhœa, and threatened abortion, with copious flow of urine.

BRONCHIA, LUNGS, ETC.

Expectorations in bronchitis and other pulmonary complaints.
Bronchial irritation.

BACK AND EXTREMITIES.

o Acute rheumatism, the inflammation confined to the small joints, with much pain and swelling.
o Pains in the limbs, especially the feet.

SKIN.

Profuse sweating all night, with coldness of the skin.

SLEEP.

Great sleepiness, with profuse sweating.

FEVER.

Heart's action increased ; pulse 98, quick, full.

TYPHOID FEVER.—The *Lancet* tells us that in England, on an average, we have about *one hundred and twenty thousand cases of typhoid fever every year, from fifteen to twenty thousand deaths*, a terrible per centage of various kinds of disablement among the survivors, and a pecuniary loss that transcends calculation.

NOISES IN THE HEAD:—PIMPINELLA.

BY R. C. SMEDLEY, M. D.

In April of the year 1871, a lady called at my office who had been troubled for several weeks with a roaring in the head, through both ears, like the distant rushing of wind. The striking of a clock, or the talking of persons in the room, sounded as if in a distant part of the house. There was dryness and stoppage of the ears, and partial deafness; *combing the hair, or drawing the hand over the head, sounded like passing the hand over an empty barrel.* This last symptom I found only under *Pimpinella.* Gave one powder of the 6th dilution, three times a day for a week, at the end of which time she was much improved. Continued it one week more; the ears then became moist, and discharged a large quantity of *dark wax;* after which the hearing was restored, the unusual sounds removed, and she has remained well ever since,—now seven months.

The deafness and noises were undoubtedly caused by a stoppage of the auditory canal with cerumen, and a dryness of the external meatus and possibly of the tympanum, thus interrupting the communication of sonorous vibrations to the auditory nerve. This remedy having a special action upon those parts as indicated by the peculiar sounds, excited the glands of the meatus to action, producing a normal secretion of moisture; hence the softening and the discharge of wax without the aid of any mechanical means, and the consequent restoration of hearing.

Fatal Poisoning following Local Application of Bichloride of Mercury.—*(The Medical Record.)* English medical journals of September contain the statement of a case of fatal poisoning by the bichloride of mercury, which had been applied by a physician to the scalp of a child, for the purpose of destroying a parasitic growth. But a single application was made, the solution of bichloride in alcohol, in the proportion of eighty grains to the ounce, being painted over the diseased surface—as recommended by Dr. Tilbury Fox. Swelling of the head and face followed very quickly, and on the following day ptyalism was produced, which was so severe that it caused the death of the patient on the fourth day.

FRAGMENTARY PROVINGS.

BY E. W. BERRIDGE, M. B., LONDON.*

DATURA STRAMONIUM.

Proving 1. E. W. Berridge took 100 drops of θ, prepared from the seeds, in water, at 9.15 A. M. Immediately feeling of mucus at back of throat. 9.20 A. M., slight headache, lasting all day. 10 A. M., lips and mouth dry, lips sticky, the dryness lasted all day. 10.50, voice hoarse. 10.40, when walking legs feel heavy. Afternoon, when reading print, letters seemed indistinct; felt languid. Evening, after dark, sleepy; eructations.

2nd day. Headache still on waking. 8,30 A. M., luminous vibrations before *left eye*, by daylight.

Proving 2. Mr. R. M. Theobald, M.R.C.S., &c., Blackheath, proved the θ prepared from the seeds.

Sept. 14th. Took 10 drops.

15th. Took 20 drops.

16th. Took 30 drops at 11.30 A. M., and 20 drops at 2 P. M.

1 P. M. Disagreeable feeling of dryness in mouth, throat and nostrils, lasting till dinner at 5 P. M.; frequent sneezing from the dryness of the nostrils. In the evening, dull headache, not definitely localized. Sight troubled, could not focus the letters of MS., the letters look confused; distant objects not affected. Pupils rather contracted. (3rd day).

17th. 20 drops before breakfast. 1.30 P. M., 20 drops. The same dulness of vision for small objects near the eye. The lines of letters written look double. 1.45 P. M., sudden sharp pain in *right heel*, which returned in a few minutes and then ceased. Severe griping pains of short duration in centre of hypogastrium. Constant dull pain in entire head, deep in brain.

Afternoon, while walking, had a sudden shooting pain in outer part of right thigh, which felt numb on rubbing it with the hand. (4th day).

18th and 19th. Took 20 to 30 drops, two or three times a day. On 18th, while playing the piano in evening, two severe

*Monthly Homœopathic Review, January 1, 1872.

stitching pains simultaneously in both lumbar regions, midway between hypochondria and iliac crest. (5th day).

19th. Great presbyopia; obliged to use the spectacles of an old person, and then can read and write as usual, otherwise cannot read a word. Distant and large objects are seen as well as ever, but small and near objects are completely confused. Great dryness of mouth, throat and nostrils; could not eat bread and butter for breakfast, but was forced to eat sopped bread and milk instead; the dryness prevented insalivation, and made swallowing difficult. When in the dark have several times seen bright flashes, suddenly coming and going, like faint and small sheet-lightning. A dull general headache, deep in brain, is constantly present. The dryness in nose often causes sneezing, rather violent. (6th day).

20th. Took 30 drops before breakfast and at noon. Presbyopia continued, and also the dryness of throat, mouth and nose; cannot insalivate dry food, swallowing such food is difficult; at dinner obliged to sip frequently to help down the food, which seems arrested in the œsophagus. From 10 A.M. to noon violent coryza, sneezing, nostrils stuffed but not much flow; rasping, loud, violent dry cough, caused by the dryness of the throat; pain between the shoulders during the act of coughing: nothing seemed to affect the cough. In evening, frequent offensive bilious eructations. Several times a day, dull, griping pain in pubic region,—also during stool. Unusual straining required to empty the bladder; the stream stops before it is emptied, and then the ejection has to be completed by several successive efforts, the flow being stopped as soon as the effort is discontinued. While thus straining on the bladder, a slightly relaxed stool has occurred. Quantity of urine increased; more frequent and copious at a time than usual. To-day and yesterday, two natural stools instead of one. Unsteady, half-staggering feeling while walking in the evening; it was a very slight swaying to either side or forwards, like drunkenness. During forenoon. constant but slight bitterness in mouth. (7th day).

21st. Took 30 drops last night at bed-time. Woke several times with excessively disagreeable dryness of mouth and throat; had to sip water several times. 8 A. M., 30 drops. Occasional staggering when walking. Constant dull frontal head-

ache, not severe. Rather inclined to be forgetful ; forgot where a paper had been put a day or two ago; hunted for the spectacles and found they were in my hand all the time. Stool this morning rather relaxed, a darker brown than usual. (8th day).

22nd. 40 drops early in morning. During breakfast extreme dryness of throat and mouth; presbyopia ; a clouded state of faculties, horrible obfuscation. Took a dram of vinegar as an antidote, which immediately produced violent vomiting of food. I lay down on the bed ; came down soon after to see a patient :—he had twice told me he was quite alarmed at seeing how bewildered and incapable I was. I upset everything I touched ; he seemed to me to be talking to me out of a cloud, or as if he was a figure in a vision and not a reality, and when he ceased talking I susided into a sort of bewilderment, from which I could with difficulty rouse myself to attend to his case. My writing was almost an unintelligible scrawl. I lay down again all day till evening, dizzy and incapable, with dull headache on vertex, but not much pain. I could not realize anything ; my wife sitting by my bed seemed like a phantom, and I put out my hand occasionally to feel if she were a real existence or not. There was a dull pain in lower colon, and one or two dark chocolate brown relaxed stools. Urine as before. Before this extreme condition of bewilderment came on, I was excessively forgetful ; would begin a sentence with a perfectly clear idea of what I had intended to say, but forgot all about it before I had completely expressed myself ; also I used wrong words, and expressed my meaning badly. My speech was thick, as if my tongue were too large for my mouth, though I felt nothing wrong in my tongue, but only a sort of globbering articulation. Several times when walking along the street, I experienced a sort of *aura* or wave of sensation running swiftly up the body from the *right* heel to the occiput, *i. e.*, all along *posterior right* side of body. Occasionally I would feel suddenly arrested as if tripped up by a backward thrust in the popliteal space, causing the knees to give way under me; several times I came to a dead stop through this sensation. (9th day.)

25th. Kept in bed till 4 or 5 P. M., on account of a severe pressure in vertex, which seemed affected by nothing, but made me unwilling to get up. (12th day.)

After 25th I lost the severe disabling symptoms, but had the following:—Headache every day at two different times, late in afternoon and evening, and early in morning, waking me before sunrise, about 4 P. M. It was a rather severe heavy pressure on vertex. I woke always at the same time with this headache, lying nearly on the back with an inclination to the right side, and my arms, one or both, especially the right, violently stretched up vertically and bent across top of head; so severely were they stretched as to make the muscles of upper arm feel strained and rather bruised. This elevation of the arms on waking continued for ten days. The last time it occurred, I detected myself gently raising my arm in the act of waking; this time there was no straining of muscles, and very little headache. The presbyopia ceased two days after medicine was left off; while it lasted I had to wear spectacles when reading or writing.

Proving 3. The same prover. Oct. 13th, chewed six or eight seeds in afternoon. Next night a smart attack of diarrhœa, lasting all next day; the stools were exactly like those in the former attack,—pappy, feculent, dark brown, with dull griping across hypogastrium *before* stool, some straining *during* stool, and a straining with the urine at the same time; the urine would only pass while the effort was continued strongly, and stopped as soon as the bearing-down was withdrawn, *e. g.*, to take breath.

Proving 4. The same prover took ten drops of the 3rd centesimal on Oct. 22d, 23d and 24th.

24th. In evening, after mental work, painful pulsative throbbing in the forehead.

25th. In middle of day, while reading in open air and walking, sudden dizziness, staggering as if he would fall *forward and to the left.* In afternoon, painful and difficult stool, requiring much straining; the last part could not be evacuated by straining, but came easily after the straining ceased. Took five

drops before bedtime. Midnight in bed, felt quivering like live-blood in right upper eyelid.

Proving 5. Mr. ——, proved the θ of the Homœopathic Pharmacopœia.

1st day. Took five drops.

2nd day. Five drops. In lower abdomen shooting from before backwards for half hour, twenty minutes after dinner.

3rd day. Took ten drops. Depression of spirits, indisposed to converse.

4th day. Buoyancy of spirits.

5th day. 15 drops. In two hours violent purging, with and followed by pain in rectum, shooting downwards, for two hours.

7th day. Five drops *ter die.* Shooting inwards in stomach-pit and right side of abdomen.

8th day. Five drops *ter die.* Sharp pain in chest about junction of middle and lower third, first on *left* side, then on *right*, worse on walking ; entirely disappearing when in a warm place.

9th day. Five drops. General dull headache, worse over eyes ; head feels heavy. Uncomfortable sensation in middle line of *chest* (? in œsophagus.—E. W. B.), with feeling of nausea.

10th day. Headache as yesterday.

Proving 6. The same prover took five drops of θ *ter die* for four days.

1st day. Thirst, drinking much at a time ; feverish.

2nd day. Shooting inwards, very acute, of short duration, in stomach-pit.

3rd day. Bowels have not acted for two days. Feeling in right eye as if water twitched about in it.

4th day. Black spots before the eyes, moving with the eyes, in the evening after dark, by gaslight.

Proving 7. The same prover.

1st day. Took five drops of θ at 7 P. M.

2nd day. Black spots before eyes moving with eyes, by day-

light only. 7. P. M., 5 drops. Shooting inwards in stomach, first on *left* side, then *right*.

3rd day. Five drops at 7 P. M.

4th day. Five drops at 7 P. M. Bright spot before eyes *only* when looking at gas flame.

5th and 9th days. Five drops at 7 P. M.

10th day. Slight stationary pain in stomach-pit.

11th day. Five drops at 7 P. M. Watery diarrhœa, preceded by violent crampy pains in bowels. This lasted three days.

12th day. 7 P. M. five drops.

14th day. Evening after sunset, soon after food, vomited food mixed with nearly black clotted thick blood; the vomiting was difficult, and caused shooting pain at stomach-pit,and was preceded and followed by retching. He never vomited blood before.

NOTE.—*Stramonium* is a medicine which requires a thorough proving. Very little is known of its action, save from cases of poisoning, which, though very useful, do not give us the finer shades of action necessary to be observed in homœopathic practice. The above provings have elicited some new and valuable symptoms. Will not the profession help to complete them by further experiments.

USE OF IODOFORM.—*(Medical Times and Gazette.)* The use of this compound, first brought prominently into notice by Bouchardat, is now employed extensively, not only for glandular enlargements, but, also, owing to its anæsthetic properties, in skin diseases, accompanied with intense pruritus. Its odor is much more agreeable than that of chloroform, resembling that of saffron. Moretin and Humbert recommend it for internal use as possessing all the advantages of iodine, of which it contains 90 per cent., without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so powerful that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of hæmorrhoids, etc. Moutre's formula is: iodoform powdered, 20 grains; cocoa butter, one ounce; melt, mix, and divide into six suppositories. For frictions, the ointment is used in the strength of one dram to the ounce of simple ointment.

Book Notices, etc.

Chronic Diseases of the Organs of Respiration. By John Meyhoffer, M. D. Vol. I., Diseases of the Larynx and Bronchial tubes. London, England: Henry Turner & Co. Detroit, Mich.: Lodge's Pharmacy. Price Three Dollars.

At last we have a really scientific work on the diseases of the larynx and bronchia. All the modern appliances in aid of a correct diagnosis are made use of and recommended. The laryngoscope is used to illustrate the physical conditions present in each disease, and in the narration of clinical cases, which are largely reported, local inspection was resorted to, and we are informed with the nicest accuracy just what anatomical lesions were present in each case.

The pathology of each disease is given with the most scientific accuracy, and the treatment comes up to our ideal of what homœopathic medication should be, namely: the remedy should be in correspondence with the pathological condition; it should be indicated by its characteristic symptoms; and it should be applied topically, if possible or feasible.

The author, by his long residence in Nice,—a place so much frequented by invalids with diseases of the respiratory organs,—enjoyed excellent advantages for gaining large experience in those affections. The success of his treatment, if we are to judge from the clinical cases given, was very enviable, and we hope this book will enable us to be more successful than hitherto.

In one respect this volume gives us information quite new to American physicians. We allude to the author's recommendation of the use of mineral waters. He does not advise them empirically, but in accordance with their homœopathic relations to the disease. The profession in the United States ought to

make some advances in this direction. We have mineral springs in this country equally as valuable as any in Europe; but they seem to be singularly neglected, or when advised by physicians, are recommended in the most empirical manner, or merely to get a troublesome patient off one's hands. I have heard that the magnetic waters of Michigan have been successful in some cases of paralytic aphonia. The White Sulphur Springs have cured many cases of chronic bronchitis.

Dr. Meyhoffer gives one case of aphonia which, on account of the brilliant cure he made with a new remedy, we copy. The patient was a lady æt. forty-five, with irregular menses, attended with flooding. What characterized her case more particularly was the *loss of control over the vocal nerves during the time of the menses, the voice returning with their cessation.* The patient's mind was also affected; but her mental symptoms were ameliorated during the menses. Under the use of Lycopodium, Graphites, Colchicum, Causticum, Plumbum, and Bromide of Potassium, all her symptoms improved, save the periodic loss of voice. At last *Gelseminum 3* was given, and when the next catamenia came, the vocal function was not suspended. When we compare all the symptoms of the patient with the symptoms of Gelseminum, we would express our opinion that Gelseminum alone would have cured her.

The author advises *galvanism*, i. e., the constant current, in paralytic diseases of the vocal organs. He pronounces the *induced* or interrupted current injurious in most cases. This experience accords with our own. We believe that a vast amount of injury is caused by the indiscriminate use of the induced current. No physician, unless he is thoroughly acquainted with the physiological action of electricity or galvanism, should advise its use. Like all medicinal agents, galvanism acts homœopathically when it makes a cure. This Meyhoffer proves very conclusively.

We wait impatiently for the appearance of Vol. II.

HALE.

Harper's Periodicals.

The periodicals of the Messrs. Harper are advertised in the present issue. The *Weekly* has a world-wide fame for its

strength. The significant caricatures of Mr. Nast are never *nasty* and have been a great public benefit. The *Bazar* is esteemed by our daughters, and the *Monthly* has grown in interest year by year. We well remember reading with great pleasure the first number, and now look with greater gratification upon No. 223!

Southern Voices. Poems by Wm. H. Holcombe, M.D. Philadelphia: J. B, Lippencott & Co., 1872.

A very elegantly printed volume of verses by a poet-physician of New Orleans. The following gives a fair idea of Dr. Holcombe's style:

ROSEBUD AND SUNBEAM.

A rosebud unfolded its leaves to the view,
All crimson with beauty, all silvered with dew,
Like a soul which has fallen from happier spheres,
Yet smiling with hope through its penitent tears.

A sunbeam came down to the heart of the rose,
Like a thought which illumines the mind where it glows;
Like an angel come down from the bright world of bliss
To commune with some dearly-loved spirit in this.

When homeward the sunbeam retreated at even,
The soul of the flower went as fragrance to heaven;
So the heart which has cherished some truth from above
Ascends with that truth to the regions of love.

The Christian Union. New York: Messrs. J. B. Ford & Co.

This is in our opinion one of the best weeklies issued. Since 1st of January the size of the page has been reduced, but the number of pages increased, so that it is now of the most convenient shape, and the advertising sheet not being paged, can be removed before binding. It gives 46 pages of reading matter, or 552 pages per year, for $5.

The Publisher's terms are very liberal.

"The CHRISTIAN UNION, with the Oil Chromos 'Wide Awake' and 'Fast Asleep,' ($3.00), and *Plymouth Pulpit*, with a portrait of Mr. Beecher —suitable for framing—to those who *ask* for it, ($3.00) for one year for *Five Dollars;* or *Plymouth Pulpit* for one year *Free* to any one who will send us two *new* subscriptions with $6.00 for the CHRISTIAN UNION (with the *pair* of OIL CHROMOS.)"

The Lady's Manual of Homœopathic Treatment By E. H. Ruddock, M. D. London, England, and Lodge's Pharmacy, and Detroit, Michigan.

This is the *fourth* edition of this excellent domestic manual. It is devoid of any of the pretentiousness of similar works, and is written in a style at once simple and elegant. It is by far the best work for family reference in matters relating to women and children which has ever appeared in our school. The indications for the remedies recommended are, according to our experience, reliable, and will rarely disappoint. The routine treatment, so much in vogue, is carefully avoided, and the author has not disdained to advise remedies not found in the old materia medica. In fact, he gives testimony that he is very successful with the medicines introduced to the profession by the *Observer* and its contributors.

A chapter on the management of infants is a great addition to this edition. In fact this edition has been thoroughly revised, enlarged and much of it re-written. HALE.

The Christian Standard, devoted to the restoration of primitive Christianity—its doctrine, its ordinances, and its fruits, Published by Messrs. R. W. Carroll & Co., Cincinnati, Ohio, weekly, at $2 per year in advance.

This is one of the exchanges that never remains unread. The editor, Isaac Errett, is a man of broad views and wise counsels, and we are glad that he is meeting in his editorial work wirh the success he so richly merits.

The New York Observer Year-Book for 1872. New York: 37 Park Row. Price, one dollar.

An octavo pamphlet of 200 pages, containing a vast amount of valuable statistical information. It is divided into eight principal departments. I. Astronomical. II. Civil and commercial. III. Ecclesiastical. IV. Educational. V. Agricultural. VI. Miscellaneous. VII. Publication. VIII. Insurance. The amount of facts and statistics condensed into these 200 pages is surprising. Under the ecclesiastical department there is a ministerial directory of nearly all the denomi-

nations.—(When shall we have as complete a directory of physicians?) The reprint of the reading matter of Poor Richard's Almanac during the first sixteen years of its publication, with its quaint maxims and more quaint poetry, is an addition which makes the Year-Book still more attractive.

The Homœopathic Physician's Visiting List, by Robert Faulkner, M. D., with a Repertory by W. James Blakely, M. D. New York: Boericke & Tafel, and Lodge's Pharmacy, Detroit. Price $1.50.

The Repertory, &c., of 40 pp., is well arranged and will be valued. Following the repertory there is a blank page for general memoranda; then vaccination record, record of deaths two pages, (less than a page would do for any skillful homœopath,) list of nurses, friends and others; obstetric record, daily engagements—60 pages. This visiting list can be commenced at any date, the pages being ruled and only printed with days of the week. It is convenient in size, four inches wide, eight inches long, and only a third of an inch in thickness. Improvements on this may be made hereafter, but it is certainly the *best now.*

The Medical Investigator. C. F. Halsey, Chicago. $3 per year in advance.

After three months' delay, occasioned by the fire in Chicago, the *Investigator* issues its No. 2 of Vol. 9, for February. It looks well; it has 48 pages of very neatly printed medical matter, containing many articles of professional interest.

Monograph on Thyrotomy, for the removal of laryngeal growths, modified by Ephraim Cutter, M. D. Woburn, Mass.

A brochure of 30 octavo pages, well printed and illustrated by several engravings. He presents to the profession, the following suggestion:

"*In the operation for the removal of growths in the larynx, by section of the thyroid cartilage, to hold the use of tracheotomy and the tracheotomy tube as a reserve measure.*"

Wood's Household Mugazine. S. S. Wood & Co., Newburgh, N. Y.

When we find a magazine of 48 pages per month, at the price of one dollar per year, we expect a second class reprint of European literature, or a compend of equally poor home productions. A perusal of the February number of this magazine now before us, proves that it is possible to publish a journal of real merit, of 576 pages per year, for a single dollar, employ editorial talent such as that of Gail Hamilton, at a salary of $3,000; and also give as premiums some excellent chromos. The pictures "*Easter Morning*," "*Our Joy and Our Hope*," we have not seen, but that of Niagara Falls, (which is given as a premium for three subscribers, at $1, or one subscriber for three years,) we have often admired. It is a gem.

Hearth and Home. Published weekly by Messrs. Orange Judd & Co., New York, at $3.

The number for January 27th is upon our table. The first page has a well-executed wood engraving of the spruce partridge. On page 65 there is a fine illustration of an interesting greenhouse succulent, the *Crassula perfolata*. The article on Old New York is interesting, and the pictorial representations accurate. In the twenty quarto pages which are furnished every week there is a good collection of reading matter of interest to both old and young of every home circle.

American Observer; a Monthly Journal, devoted to the dissemination of Homœopathy.

Vol. VIII., neatly bound, lies upon our table. Much more labor has been expended upon the index than on previous volumes, and it is our intention, at close of Volume X., to print a *complete classified index* of the whole ten volumes. This will make the work still more valuable for reference. To those who are writing for back volumes, we have to say we can still supply all except Vol. I., (1864,) and as soon as the demand for this volume is sufficient, we will reprint it. Omitting the usual magazine titles from the first page of each number, the bound volume has the appearance of a book of permanent value rather than a periodical of mere transient interest.

The Journal of the Gynæcological Society of Boston, a monthly journal devoted to the advancement of the knowledge of the diseases of women, Edited by Winslow Lewis, M. D.; Horatio R. Storer, M. D., LL.B.; Geo. H. Bixby, M. D. Terms, $5 a year, in advance. Single numbers 50 cents. Half-yearly volume, $2.50. James Campbell, Publisher, Boston, Mass.

This journal has been enlarged and subscription price raised to $5 per year in advance.

The January number (No. 1 of Vol. 6,) is just received. It contains 80 pages, with an appendix—a lecture on female hygiene, by Prof. Storer, (20 pages). Contents : Proceedings of the Society, sixth regular meeting. Ulcerative catarrh of the bladder. Absence of the vagina and uterus. Sixty-first regular meeting. Retained placenta successfully removed with Loomis' Forceps. Judge Bedford's charge to the grand jury of the Court of General Sessions, of New York. Resolutions and vote of thanks to Judge Bedford. The shielded applicator. Blake ; the wanderings of a case of reflex insanity, in search of a proper diagnosis and treatment. Hough ; new gynæcological instruments. Freund and Josephs ; Uretero-uterine fistula. Mayer ; the relations of the female sexual organs to mental disease ; VIII. Gynæcological summary, I. Editorial notes : Does Massachusetts recognize the authority of lhe American Medical Association? The proposed national health council. The California State Board of Health and Female Hygiene. Acknowledgements. The Gynæcological armamentarium. Wherein Dartmouth leads Harvard.

Its special features are given as :

1st. It is the only journal ever yet published exclusively devoted to the diseases of women.

2d. It presents, every month, an extended report of discussions upon those diseases, by gentlemen skilled in their treatment ; and, as is well known, there is more to be learned from the perusal of such discussions, affording as they do diverse experiences concerning a given topic, than from a formal treatise by the most learned physicians in the profession.

3d. It is not a mere re-cast of articles taken from the current medical journals, which are already supposed to be upon the table of every active physician.

4th. Its editorials are always fresh, pointed, terse, and effective ; of that character, indeed, which made the London *Lancet* for so many years, while under the charge of the elder Wakeley, the leading medical journal of the world.

5th. The journal of a scientific society is the more likely to view the medical events of the day from a high and dignified stand-point—without, however, forgetting that to effectually clear a new path, and to remove obstacles in the way of progress, blows are frequently necessary, and that they must be heavy, vigorous, and conclusive.

6th. The unexpectedly large circulation in every part of the country that it has already attained may be considered an indorsement of its excellence.

Each number will contain the transactions of the society at its regular meetings (two each month,) original articles, editorial notes, book reviews, &c., &c. Each number will consist of not less than sixty-four pages, octavo, printed in large type, on fine paper, and it will be the aim of the publisher to make it fully equal in appearance to anything of the kind in the country.

Colleges, Societies, etc.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The twenty-first annual session of the Society will be held in the City Hall, Albany, Tuesday and Wednesday, February 13th ond 14th, 1872.

The morning session of the first day will commence at 10 o'clock. During this session honorary and permanent members will be elected; the business, nominating and other committees will be appointed, and the report of the Treasurer will be presented.

The afternoon session will be occupied in the presentation and reading of such portions of the reports from the several Bureaus on Materia Medica, Clinical Medicine, Obstetrics, Surgery and Statistics, as the Business Committee may designate.

The Annual Address will be delivered in the Assembly Chamber, at eight o'clock in the evening, by the President, John F. Gray, M. D., of New York.

The Wednesday morning session will commence at 9 o'clock. The first business will be the election of officers; after which, and during the remainder of the day, the time will be devoted to the presentation of reports by the Bureaus, and the discussion of such subjects as may be recommended by the Business Committee.

Members of the profession in all parts of the State are earnestly requested to communicate the results of their experience in the treatment of prevailing diseases, trials of new remedies, histories of epidemics which may have prevailed in their respective localities during the past season, reports of provings, and papers on any subject relating to medical science. The Secretaries of county and local societies, and the resident physicians of hospitals and dispensaries, are requested to present a report, in compliance with the eleventh section of the By-Laws of the Society, published on page 772 of the eighth volume of Transactions.

All reports and papers may be forwarded to either of the Secretaries, or to the Chairmen of the several Bureaus. The latter desire to be able to present a complete report on the various subjects entrusted to their care; they, therefore, earnestly request authors of papers and reports to furnish their communications as *early as practicable*, in order that sufficient time may be afforded in which to arrange and prepare them for presentation at the meeting.

E. Darwin Jones, 140 State Street, Albany, *Corresponding Secretary.*
H. M. Paine, 104 State Street, Albany, *Recording Secretary.*
S. Lilienthal, M. D., *Chairman of Bureau of Materia Medica,*
230 West 25th Street, New York.
W. H. Watson, M. D., *Chairman of Bureau of Clinical Medicine,*
270 Genesee Street, Utica.
S. P Burdick, M. D., *Chairman of Bureau of Obstetrics,*
303 West 34th Street, New York.

WM. TOD HELMUTH, M. D., *Chairman of Bureau of Surgery*,
21 West 27th Street, New York.
H. N. AVERY, M. D., *Chairman of Bureau of Statistics*,
92 Cannon St., Poughkeepsie, Dutchess County, N. Y.

THE HAHNEMANNIAN SOCIETY OF THE NEW YORK HOMŒOPATHIC COLLEGE.

At the election, held Nov. 1st, 1871, the following named gentlemen were elected officers for the coming year:

President—Selden H. Talcott, Waterville, N. Y.
Vice-President—Loomis L. Danforth, Utica, N. Y.
Secretary—Dexter Hitchcock, Unionville, Ct.
Treasurer—G. E. Tytler, New York City.

The various chairs are filled by the Professors named below:

Anatomy—C. W. Butler.
Surgery—H. C. Brigham.
Obstetrics—W. F. Clapp.
Theory and Practice—G. W. Hurd.
Materia Medica—G. S. Norton,
Physiology—A. B. Carr.
Chemistry—W. T. Laird.
Psychological Medicine and Medical Jurisprudence—W.H.Abercrombie.
Institutes and Histology—Isaac Miller.
Ophthalmic and Minor Surgery—I. B. Cushing.

The society is still more popular among the students than it was last year, fully two-thirds of the class having become members,—in fact the "brains and wit" of this year's class will be found in the society. The Professors are, in a word, "*posted*," consequently the quizzes are very instructive and well attended. Much of the success of the society is due to its worthy President, who has worked with unceasing zeal ever since it was organized.

E. L.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The Spring session of this College will commence in March. We understand that there will be a full course of lectures for women students, and that they will receive the same advantages and opportunities as men.

The course will be similar to the winter course for male students, with the same terms and requirements. See advertisement.

HOMŒOPATHIC MEDICAL COLLEGE AT DETROIT.

DETROIT, Jan. 6th, 1872.

EDITOR OF OBSERVER: *Sir*—I see in the January number of your journal an editorial statement that, although one of the Faculty of the Detroit Homœopathic College, I am "not committed to the plan."

Allow me to say to you and your readers that you have been *misinformed* in this particular.

I have long been in favor of a medical school in this city, (as I think the only proper place to locate medical colleges is in large cities, on account of the necessary clinical material to be furnished there for instruction, without which, in my opinion. a medical college amounts to but little,) and although the institution now organized here is not all I should like to see, by way of immediate attachment to the Michigan University. with pecuniary aid, yet it has that promise "*eventually*," and is upon the whole, in my opinion, the best possible solution of the homœopathic question attainable.

I am not anxious for a professorship, nor do I seek any personal gain or honor by it, and any time at which my place can be filled by a more competent one, I shall most readily withdraw my name as a member of the faculty.

But I am anxious to see the homœopathic department of the University located in the city of Detroit; not because I am a resident of the place but for the reasons above stated; and I am confident that with sincereness and energy *we shall succeed.*

Yours truly, F. X. SPRANGER, M. D.

HOMŒOPATHY IN MASSACHUSETTS.

31 MOUNT VERNON ST., BOSTON, Jan. 21, 1872.

E. A. LODGE, M. D.: *Dear Doctor*—I am sorry that you have not received the late numbers of the *Gazette.* It must have been a mistake, for the *Observer* has *not* been omitted from the exchanges, nor will it be, so long as it is a journal of our faith. The October and November numbers were together, and the December number you will get soon. But, as you know, we have been having a "broil" here, and much of the labor has fallen upon me, which, together with an unusually sickly winter, has left me little time for the *Gazette*; and I cannot let a page or line go out without the most careful scrutiny, verification and revision; and you know very well how much time that takes.

Of our "fight," if such it may be termed, I have sent you papers from time to time, and have included some account of it in the *Gazette*, but there is much beneath this, in a deep determination, made under the shadow of Harvard, to brand homœopathy with odium and ostracise every one who countenances it in the least. The first effort has been foiled, but the dis-

position still remains. It was intended to make it secret and do it quietly, and then use the deed as a precedent for other acts. I had my notice printed, as you saw, and sent it to the papers throughout the State, and the comments were sudden and unexpected, and anything but complimentary to them, (the prosecution.) But still they thought they had the entire power in their hands and determined to make the trial, short, sharp and decisive. No legal counsel and no reporters were allowed to be present, and no discussion or argument on the merits of homœopathy could be permitted, for the Society had decided that any person practicing it was guilty of "conduct unworthy and unbecoming an honorable physician and member of this Society."

Our only defence then was the injunction, and it was served so unexpectedly and so amusingly, that all the papers were filled with an account of it, this caused a sudden withdrawal of their forces on the second attempt, Dec. 5th. Now the contest will be before the full bench of the Supreme Court, and we shall hope to do our cause justice then and there. Meanwhile we are not resting on our oars. Taking advantage of the sudden sympathy of the public, some of our warm friends have organized a public fair to be held in April, for the benefit of the Massachusetts Homœopathic Hospital, and some of our most ardent friends say they will not be satisfied until a *quarter of a million dollars* are raised for that institution. I enclose one of the circulars, that you may see the beginning and the response indicates that this will be one of the largest fairs ever held in this section, and it will have a wide-spread interest, extending wherever homœopathy is known.

We call upon our friends everywhere to help and to come to Boston at the time of the fair, for every dollar raised and every person interested, will add to the triumph of freedom of medical opinion over bigotry. On this account I am sure you will lend the influence of your *Observer* to assist us, and if you would like, I will write an article on the state of affairs, what we have done and what we are now doing.

I am glad to see the *Observer* increasing in size and improving in every respect. Long may it continue to do so.

Believe me, dear Doctor, very sincerely,

J. T. TALBOT.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL FAIR will be held in the Music Hall, Boston, commencing on Monday evening, April 15, and continuing till Saturday, April 27, 1872.

The Massachusetts Homœopathic Hospital, an institution chartered by the State, has already made a favorable beginning. It occupies a small house hired for the purpose, and has sixteen beds. Although it has been in operation less than a year, the applications for admission have been far in excess of its capacity, and there is an absolute necessity for more money to meet its wants, and to place the Hospital in a proper condition for enlarged usefulness.

American Observer.

EDWIN A. LODGE, M. D., DETROIT, MICH., GENERAL EDITOR.

KIND APPRECIATION.—Since the opening of the new volume, we have been daily in the receipt of subscriptions and words of commendation and encouragement. All of these will strengthen us for still more efficient work.

The following will show the character of the recommendations received:

"I found the *Observer* this morning on my table. I felt pleased before opening it, at its bright, cheerful appearance, externally; but on opening it I was delighted. The [* * *] is the only one out of four or five that at all compares with it. Have not read it yet, but hope to find as much pleasure in the matter—very much more—as in its general getting up. It is always welcome."

"January *Observer* received, am very well pleased with it. I appprove most decidedly your course with regard to our attempts at homœopathic celleges in this State."

"I consider it *invaluable*. Among all my journals (5,) it is the most prompt and most valuable. May it long live and perpetuate true homœopathy, as it has in the past, with its present publisher at its head.

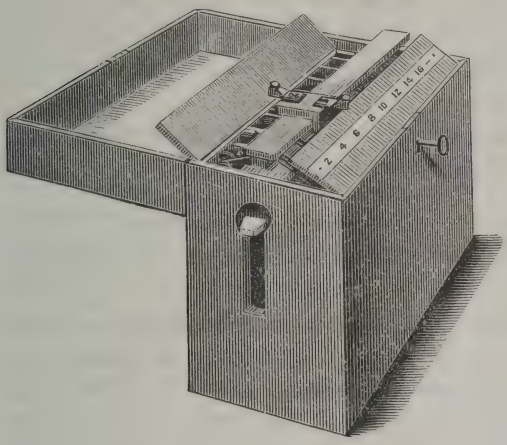
"I am much pleased with the greatly improved appearance of the *Obeerver*, and hope that its career in the future will be as prosperous as in the past, and its usefulness as great."

"I avail myself of your offer of *prompt advance* payment. I prefer reading *my own periodical* to reading the editor's. *When I pay for it in advance it is mine.*"

A MAN WITH A WATCH-KEY IN HIS LUNGS.—The Hartford *Times* has the following: "Mr. Eli Hempsted died a short time since in New Haven, from a most singular cause. Some years ago he was attacked with insanity and was sent to the Insane Retreat in this city. While there he pushed a watch-key up his nose, and after his recovery, informed his physician what he had done. An effort was made to get it out, without success He left the Retreat, and nothing further was done to remove the article, though he occasionally spoke of feeling it. In a year or two he was attacked with a sharp pain at the lower part of the right lung. He suffered from it for some time, when it passed away, and for two years he enjoyed good health. A few weeks ago he went to New Haven with an invoice of produce, and while engaged in lifting barrels, was again attacked with pain and bleeding from the lungs. He was taken to his father's house, where, in a few days, he died. His case was so singular that the physicians made a post mortem examination, when they found the key embedded in the lower part of the lung and surrounded by a lump in a state of mortification. The key had dropped out of the nose, through the windpipe, into the lung, and had remained there over four years."

THE STOEHRER'S GALVANIC BATTERY

Is constructed of carbon and zinc plates. The cells being charged with diluted Sulphuric Acid and Bichromate of Potassa, do not exhale disagreeable, unhealthy gases.



DIRECTIONS FOR USE.

Dilute one part of Sulphuric acid with twelve parts of water and dissolve in one pint of this, one ounce and a half of Bichromate of Potassa. With this liquid each cell of the Battery is to be charged in the following manner: The inside box containing the glasses, is lifted up by means of the keys, projecting on each end of the box, and secured, by turning them at about a right angle. The two covers inside the box being opened, a small glass funnel is placed successively into each cell, between the carbon and zinc plates, through which the fluid is poured in. If the Battery is intended to be carried about, take two fluid ounces of liquid per cell, but if left stationary, the glasses may be filled nearly full.

After all the glasses are filled, lower them directly by means of the keys and close the two inside covers. The Battery is now charged and can be used at any moment. Insert the two wires of the Electrodes into the binding posts *P* and *N*, (the positive and negative poles of the Battery,) on the slide, which is moveable along the middle and on top of the Battery. When now the glasses are raised and secured, and the slide is brought oppsite

To Fig. 2, the current from two cells is obtained.
" " 4, " " " four " " "
" " 6, " " " six " " "

&c., &c., in which mode the intensity of the galvanic current may be increased or diminished at pleasure.

When after the lapse of time the current becomes weak: the liquid has to be renewed. The exhausted liquid may be withdrawn by carefully lifting up and taking out of the box the whole frame to which the carbon and zinc plates are attached, and then taking out, emptying and replacing one glass after another, after which the frame, &c., is replaced and the glasses filled as directed above.

The usual sizes made are: 8, 16, and 32 cells Batteries.

The price is forty dollars for sixteen-cell.

MEDICAL HUMBUGS,—*(American Agriculturist.)* About the meanest cheats we know of are the tribe of "Consumption curers," who impose upon the hopes and fears of a class of persons needing sympathy. One man has, during a dozen years, grown rich by his skill in giving and selling books and selling books and medicines to consumptives. He has the art of persuading his dupes that he has great experience and skill, and few that listen to him once get off without putting into his pockets from $25 to $1,000 each. He publishes records of many cures—all of them cases which had doubtless no vestige of consumption to start with, except in imagination. There is a large number of imposters who dub themselves "Rev.," and claim to have obtained a sure cure for consumption, while missionaries away down in Brazil, or among the Western Indians, or in the East Indies. Some of them offer a free recipe, which always contains some curiously named plant that you ultimately find out can only be obtained of themselves. N. B.—*Every one* of these benevolent "Revs." is a downright swindler. We met one of them the other day, that, from his circulars, you would suppose to be a very venerable old gentleman; he was a young scapegrace who, under another name, conducts a pretended counterfeit money scheme. The "Sands of Life" man was one of this stamp. He is probably now a very reverend in sheep's clothing—a returned missionary anxious to send you a free consumption cure, and his "at cost" preparations, that is. a parcel, or bottle of it, costing ten cents, he will send for $3 or so.

MEDICAL MISSIONARIES.—*(New York Independent.)* Another instance of the peculiar power and access secured to the medical missionary is witnessed just now in India. The Nawab of Rampore has given a noble property to Miss Swain, M. D., to be used as a Christian hospital for the native women of Bareilly, of the province of Rohilcund. This property adjoins the Methodist mission premises in Bareilly, and consists of about fifty acres of land, a brick house, very large and commodious, two wells, and a garden, besides large outhouses and buildings for servants, etc. "We have wanted it and prayed for it," says a missionary, "ever since we came to the Orphanage; but would as soon have thought of asking for the moon as making the request to the Nawab himself. Miss Swain's work has opened the doors of all Bareilly to us and to our teachings. Everybody, both native and European, is astonished at His Highness's munificence to this object, as he is a Mahommedan. The medical mission for the women of India is the greatest movement of the mission, and has done and will do more to break down prejudice than years of teaching in schools and preaching in bazars. I am glad we have a class of girls all ready to begin the study of medicine. Now, with the hospital for practice, they will soon be ready to graduate, as they are making excellent progress, and we mean to turn them out full fledged and ready for work." The Nawab, it seems, was so pleased with this class, on a visit to the Orphanage, that he then, and before this last gift, gave a thousand rupees to help it forward. We commend this fresh illlustration of woman's power for good, multiplied through a medical education, to the notice of our earnest, Christian young women. In this connection, too, we may cite the testimony to the special power of medical service, incidentally furnished by such reports as that of Rev. Mr. Noyes, (American Presbyterian), at Canton, who says of one: "The fourth will probably join my church at the next communion. She heard the Gospel more than ten years ago, in the hospital, and during all these years she has been reading her now well-worn New Testament; and now she appears among us again, well-informed in the Gospel of Christ, and asks to be baptized. There is still another applicant for baptism, who heard the Gospel in the hospital six years ago." In this way he refers to four or five cases to show the fruits of labor in the hospital at Canton.

CHOLERA.—Prussia had, during the cholera epidemic of the year 1871, 6615 cases, of whtch 3627 proved fatal. Still 50 %, a number which clearly shows that allopathy fails to cure this disease.

Laugh Cure,

'A merry heart doeth good like a medicine."—PROVERBS OF SOLOMON.

BOYER.—When the London apothecary, Boyer, had cured Louis XIV. of his intermittent fever, after the Court physicians had failed, they summoned him before the Royal College to define what an intermittent fever was. "An intermittent fever, gentlemen," he replied, "is something which I can cure and you cannot." They asked no more questions.

PARE'.—Before the time of Francis the First, surgeons staunched the blood of arteries, after amputation, by the application of boiling pitch. Ambrose Pare', principal surgeon to that king, introduced the ligature as a substitute; he was hooted down by the *Faculty of Physic*, who ridiculed the idea of hanging human life upon a thread, when boiling pitch had stood the test of centuries.

QUININE AND PREJUDICE.—To the Jesuits of Peru, Protestant England owes the invaluable bark. Being a popish remedy, the English at once rejected the drug, as the invention of the father of papists—the devil. For this reason, the physicians of Frederick the Great endeavored to dissuade him from trying it to cure his ague. He laughed at their advice, took it, and got well.

SYMPATHETIC.—At Hull, a messenger having requested a London clergyman to announce that "if Dr. Leach was among his audience he was urgently wanted," the clergyman added, from sympathy, "and may God have mercy on the poor patient."

VACCINATING.—A pharmaceutist sent a physician a scale of vaccine between two little plates of white wax. It was returned with the message: "*I have tried it in several cases and it has never taken.*" On opening, it was found that the vaccine crust was entire, and some little clippings outside showed that the Dr. had used the wax instead of the virus! Now the scales are frequently put up in glycerine, as they keep better than when enveloped in wax, and more than one Dr. has been known to use the glycerine instead of the scale. Some years ago a physician sent a box of about a thousand scales from a varioloid patient, recommending them for use in vaccinating. If they had been so used, the results would not have figured appropriately in the "Laugh Cure."

Personal Notices, etc.

WHITE.—We receive the following from J. RALSEY WHITE, M. D., with peculiar pleasure, and as it will be gratifying to all our readers, we print it entire :

228 E. 124th ST., NEW YORK, Jan. 20th, 1872.

Dear Dr. Lodge:—I notice in Jan. No. of the *Observer* a very kind report of my demise. With thanks for your kindness in making the announcement, and the manner in which the same was made, I must, however, insist upon the *fact* that I still live. That the mistake occurred with you is not to be wondered at, for the report was current in our city and letters of condolence were written to the supposed widow. The only advantage one has in reading his own obituary is to see how he is spoken of, and as you treated me "on the square," I forgive, only please say in next number of *Observer* you have heard from me, and your previous notice of my death proved untrue, This will settle the matter among many friends who are remote, scattered through the different States, and as the *Observer* goes into almost every hamlet, as well as County and State in the Union, it will do me a favor, for we are troubled with many letters of anxious inquiry in reference to my reported death.

My disease was typhoid pneumonia, very severe and protracted. I gave up on the 18th October, was in bed eight weeks ; have rode out but twice since, being nearly fourteen weeks. The violent inflammation resulted in organic lesion, which result has kept me in-doors. I am greatly indebted to Drs. Blumenthal (27th st., between 3rd and Lexington avenues,) New York City ; Geo.E.Morgan,(my assistant,) Dr.J.H.Demarest, and Theodore Quick ; (all but the former of Harlem,) for my recovery. Dr. H. D. Paine, of 5th Avenue, also showed me great kindness. I hope soon to be able to resume my practice, but for the present must confine my labors to office business. I did not intend to write so much, but will close by saying one word for the *Observer*. Please send it to me—*always*—with or without an order. It has become a necessity in my office,—almost as much as my medicine-case. The January number is certainly an improvemeut on any number preceding it. The contributors are men to be relied upon ; the report of cases treated, invaluable. Typographically, neat and bold, and the general management unexcelled.

There is one improvement which I feel very thankful for, though a small matter. The edges are *cut*, so that I can proceed without delay and the bother of cutting or tearing open the leaves to get at the contents of a number. *This* point of improvement I hope may be imitated by all editors of medical as well as literary journals and magazines. I was sorry to see rates from $2.00 to $2.50 ; I think it should have been $2.50 to $3.00.

Enclosed please find check for ninth volume. Wishing you, for future years, the same success which you have enjoyed in the past,

I am, as ever, fraternally yours,

J. RALSEY WHITE.

HERING.—Prof. Constantine Hering sends us for publication the following *Protest*:—"My attention has of late been directed to a statement made on p. 684, Oct., 1870, *British Journal of Homœopathy*, which has more recently been repeated in another form, that of an advertisement pamphlet of a few pretended Cure-alls, called an account of a Count's marvelous medicines, published in London, 1871. The story therein told, p. 12, of a telegraphing across the ocean, and curing a long, obstinate neuralgia, by a single dose, is an absolute fiction, not even resting on the foundation of an altered fact. I not only never treated a patient through ocean telegraph, but during fifty years' experience I have never heard of a single case of long and obstinate neuralgia cured by a single dose of any remedy. There is also an absurd sneer added about the minimum dose, yet 2,000, 200, 20 or 2, can make no essential difference with any mathematician, nor with any one acquainted with modern chemistry and molecular motions. Whether the other statements in this pamphlet are fictions or not, I will not say, but one thing may be said: when we Germans relate one of our nursery stories for the amusement of older persons, we finish with the jocose words, "*Wer's nicht glaubt bezahlt einen Taler!*" This, however, in the Count's account, is completely reversed, for he who *believes* has to pay the dollar, and more than one.

The Count's directions where to get rid of the dollar have been most carefully given; the whole is an appeal to the credulous, to the ignorant, to the lazy, to all who like to make money without labor or brains, to all of lax morals and loose conscience; in short, to the gamblers in medicine."

DRAKE.—Dr. E. H. Drake has been appointed a member of the Board of Health of City of Detroir.

REMOVALS.

ARNOLD.—Dr. Rawdon Arnold, from Mexico, Mo., to Maysville, Cal.
CROSS.—Dr. H. B. Cross, from Boston to Jamaica Plains, Mass.
JEWETT.—Dr. Wm. E. Jewett, from Constantine to Adrian, Mich.
RECORD.—Dr. H. A. Record, from Dewittville to Mayville, New York.
TALLMADGE.—Dr. R. Tallmadge, from Mecklenburg to Trumansburg, N. Y.

ATLANTIC MUTUAL LIFE INSURANCE COMPANY.—Dr. Henry M. Paine, at a late meeting said: "The Atlantic Mutual Life Insurance Company was organized in this city iu 1866. This company was the first in the State to take cognizance of the superiority of homœopathic treatment and give it practical recognition in its application to business purposes. During the first three years a deduction of ten per cent. from usual rates was made to all homœopathists on all premiums. An experience of three years convinced the trustees that the discount proved too strong a temptation to many who were not practical homeopathists. They found that thirty per cent of their losses were those of allopathists who had effected insurances in order to avail themselves of the reduction of premium. Two and a half years ago the company discontinued the reduction of ten per cent., and instead insure all at the usual and uniform rates, classifying insurants as either allopathic or homeopathic, and opening a separate set of accounts with each ciass By this arrangement each class will receive its proportionate share of the earnings of the company. The relative mortality of each class is thereby subjected to a very delicate and accurate test. The result as indicated at the present time is very satisfactory. It shows that the company was not only justified in making a deduction of ten per cent. but that a reduction of nearly *nineteen* per cent. might have been made with safety."

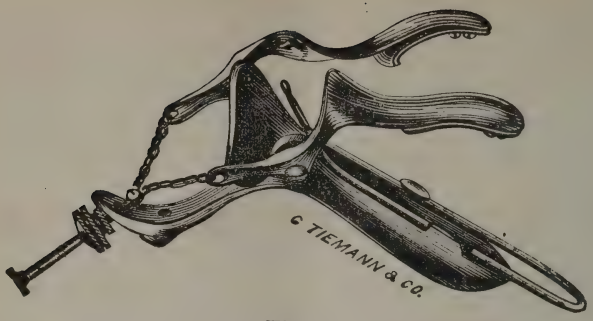


Fig. 1.

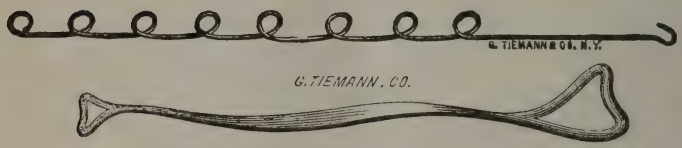


Fig. 2.

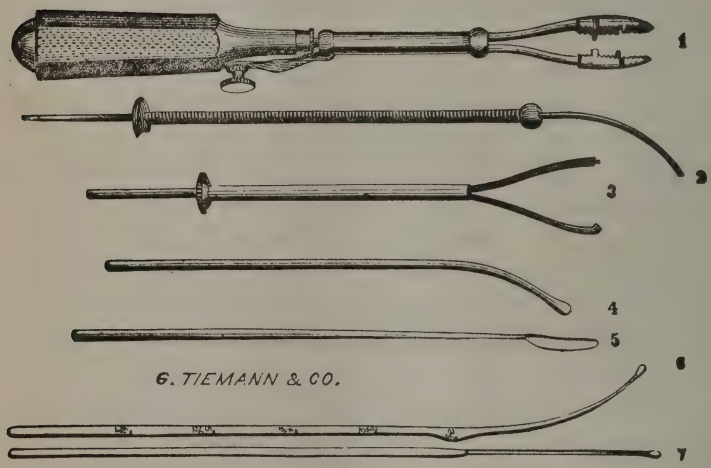


Fig. 3.

Fig. 4.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

INSTRUMENTS FOR UTERINE OPERATIONS.

A fund having been placed at the disposal of the faculty of the Medical College at Mobile for the purpose of purchasing prizes for distribution among the most meritorious members of the graduating class, last spring they wrote to Dr. J. C. Nott, in New York City, a request that he would select such illustrated medical works, surgical instruments, &c., as he thought suitable for the occasion.

Among other things Dr. Nott planned a case containing many of the latest and most generally approved instruments now used in this country by Gynæologists, and accompanied it by a written description, indicating the character and use of each instrument. Messrs, Geo. Tiemann & Co. have been permitted to print this description, and in order to make it more easily understood, they have had a series of drawings of most of the instruments executed and inserted in their proper places.

The first instrument, as sketched, *(Fig. 1,)* is a new speculum, which is used with the patient on the back, and though it may be used with the patient on a common bed, (like all specula,) it is much more convenient with the patient on a table before a good light. This instrument affords a very good view of the *os uteri*—is self-retaining and enables the operator to examine the cervix, introduce a sound, cauterize—to perform any cutting operation on the cervix without an assistant; introduce and remove sponge tents or other dilating apparatus, and facilitates very much the removal of polypi or small fibroids, by the wide expansion which it gives to the vagina, It is, moreover, so

constructed that all the branches may be lengthened or shortened to suit the depth and size of the vagina. It may also be converted into a Sims' speculum, by detaching the feet and attaching a moveable handle which accompanies it. The speculum of Dr. Sims is now almost universally regarded as the best of all instruments for vesico-vaginal and all other operations on the vagina. In fact, the speculum of Dr. Sims is the most perfect of all instruments of this class where you can command a competent assistant; but as this want cannot usually be met in private practice, the above instrument is designed, as far as possible, to supply its place.

A very simple tenaculum has been constructed of small steel wire, with a succession of loops in its shank. A little tooth or pin is fixed at the mouth of the speculum. The tenaculum may be caught in the anterior lip of the *os uteri*—drawn as far forward as desired, and it is then easily and firmly fixed at any point desired, by attaching one of the loops to the tooth. the sketch of this tenaculum is seen in *Fig. 2.*

The lower instrument is a *Depressor*, which is a very convenient accompaniment of the speculum, and will be found useful in pressing the folds of the vagina out of the way, and in manipulating the os-tincæ fairly into the field of the speculum. It is also curved to suit the shape of the pelvis, and so constructed at the extremities as to be very convenient in replacing the uterus in cases of version or flexion. The small end may, if necessary, be inserted into the rectum, and made to act upon the body of the uterus, when the organ is thrown backwards.

Fig. 3. The above series is a sort of *multum in parvo* and designed particularly to economize space.

No. 1, is a modification of Roux needle-holder; it is an excellent needle-holder, which may be used in the operations of vesico-vaginal fistula, cleft palate, &c., and is made to serve as a handle to the instruments accompanying it, and which are represented one-half their full length. When the handle is applied to either one it gives it its full length.

No. 2—Combines the *Applicator*, with the sponge tent expellor.

No. 3—Is a sponge holder and ligating forceps.

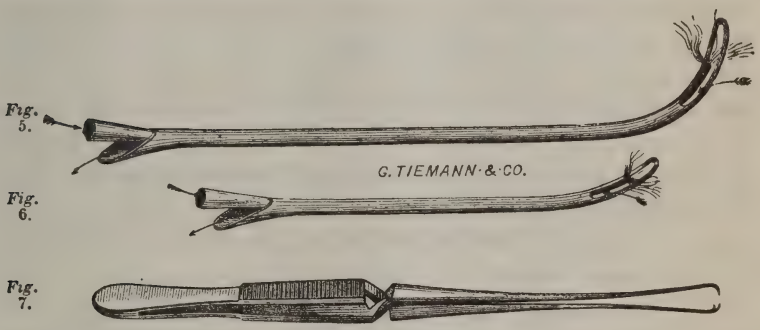
No. 4—A lead sound, which easily follows the curve of the uterus.

No. 5—Intra-uterine scarifying knife, blunt point.

No. 6—Simpson's sound.

No. 7—Uterine probe of pure silver.

Fig. 4 is a slight modification of instruments already in use, by Dr. Nott, for dilating the cervix uteri when contracted; particularly the internal os—the external os being generally quite safely and more rapidly enlarged by cutting. The instrument is made like forceps, with blades not exceeding two inches in length, and may be used either for gradual, or rapid and forcible dilatation. This instrument is much safer (particularly in inexperienced hands,) for dilating the internal os, than cutting instruments, and supplies the place of a set of graduated metallic bougies now used by some of our best practitioners.



The Sea Tangle Tents are also very useful for dilatation. They are more easily managed than Sponge Tents. If soaked in hot water a few minutes, they become soft, flexible, coated with mucilage and are easily introduced. The moderate-sized black tents (from the Bay of Fundy) are the best, and one, two, or more, may be introduced at the same time, according to the degree of dilatation desired.

These tents may be medicated (from their great absorbing power) by placing them for twenty-four hours in solutions of Carbolic acid, &c., and then drying them again and keeping for use.

Fig. 6. The second of the above instruments is an instrument devised by Dr. Nott, for injecting the cavity of the uterus in cases of hæmorrhage, or uterine leucorrhœa. It is a double catheter, having one tube with an eye at the extremity fully an inch long, and a second tube of much smaller size running along the inner surface of the concavity of the large tube, and opening opposite the middle of the eye. If water is thrown in with a syringe at the outer aperture of the small tube, it enters the cavity of the uterus, and through the large eye, and large canal, it finds a free exit, without exerting any distending force on the cavity of the uterus.

The following directions as to injections are given by allopathic authorities:

"It should be borne in mind that injections into the cavity of the uterus are always somewhat hazardous, and if not performed with great caution, may be followed not only by painful, but dangerous consequences. Two precautions are therefore necessary in the commencement of every new case: 1st, to test the uterus by injecting very gently simply tepid water—if this is well borne (and the return current is well assured) the cavity of the organ may then be freely washed out with *weak* solutions of Iodine, Carbolic acid or other *mild* preparations, that may be thought advisable.—2d, when strong preparations are used, such as Churchill's solution of Iodine, concentrated solution of Chromic acid, Nitrate of Silver, &c., never more than ten or fifteen drops should be thrown in at once, as the cavity of the organ, when of normal dimensions, will not contain more, when a part of its space is taken up by the instrument introduced; these articles, too, have the property of coagulating the albumen of blood or mucus so as to make their escape from the uterus difficult. 2d. This coagulating power should also be borne in mind when we use the Subsulphate or other salts of iron, or when we use Tannin or other very astringent articles. The latter articles are not irritating (like many others frequently employed) to the surface of the uterus, but by strongly coagulating blood or mucus, they block up a double canula, or cannot pass on the outside of the tube of a syringe. They thus hazard the forcible dilatation of the uterine cavity (with all its dan-

gers) if the injected fluid is forced in and finds no means of escape. If mild preparations be used, with the precautions above given, the uterus may be freely washed out with a syringe, not only with impunity but with much benefit."

"Dr. John Byrne of Brooklyn, conceived the same idea of injecting the uterus by means of a catheter so constructed as to secure a free return current. Instead of a double canula, his instrument has one small tube running along the back of an open gutter. It is well adapted to meet the indications."

Fig. 5. The first of the instruments given above is made exactly on the same plan, but a little longer and differently curved. It is designed to wash out the bladder, either male or female, and will be found particularly useful in washing the fragments of calculi in the operation of lithotrity—in vesical catarrh, &c.

Fig. 7 is a double spring tenaculum, for catching the lip of the uterus, pulling it in position through the speculum and holding it steady during manipulations—the teeth are very small—it gives no pain and maintains its hold when once fixed, and may be left lying loose in the vagina, to be drawn open at any moment during manipulations. It will be found very convenient for all purposes when we wish to steady the uterus, draw it down and maintain it at any convenient line or angle —particularly when we are short of assistants.

Fig. 8.

Fig. 8, is a small, hard rubber syringe, to wash out the vagina, or cleanse the neck of the uterus,—the nozzle is also so constructed as to fit the double uterine catheter already described, for injecting the cavity of the uterus.

All the foregoing instruments, which to insure convenience,

or compactness, are more or less modifications of instruments generally known to the profession. Those which follow are of the forms usually described in our systematic text-books on diseases of females.

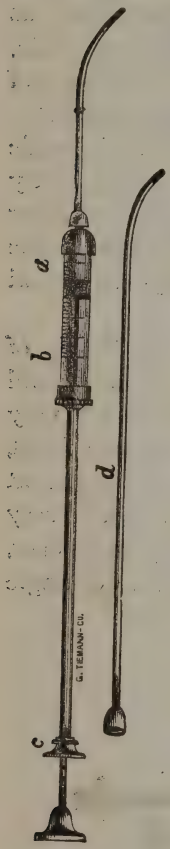


Fig. 9.

Fig. 9. We here give Lent's Ointment Syringe, which is now much employed by some allopathic practitioners in New York and elsewhere to apply caustic, &c., in the form of ointment. Dr. Messenger has substituted glass in the place of hard rubber. The syringe has two pure silver flexible tubes, one for the uterus and one for the male urethra, to be used in place of Lellemand's *porte caustique*, in cases of spermatorrhœa.

Fig. 10.

Fig. 10. The cut above represents a platina spoon for melting caustic, which should accompany the uterine probe, *Fig. 7*.

[*For detailed account of this instrument, see work of Dr. T. Gaillard Thomas, on Diseases of Women.*]

The *Figs. 11, 12, 13*, are three forms of forceps much used by Dr. Emmet, for general purposes of driving, holding needles, catching and twisting silver wires, applying and moving sponge tents, &c.

Fig. 14. One of Sims' knives for paring edges in the operation of vesico-vaginal fistula.

Fig. 15. Curved knife for same operation and that of cleft palate.

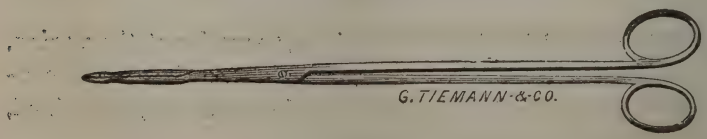


Fig. 11.

Fig. 16. Dr. Emmet's double curved scissors for same operations.

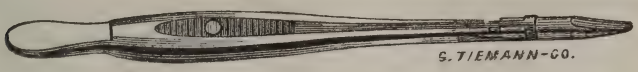


Fig. 12.

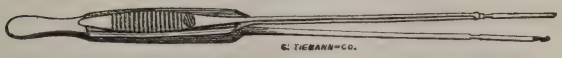


Fig. 13.

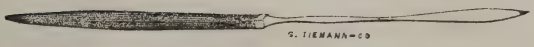


Fig. 14.

Fig. 15.

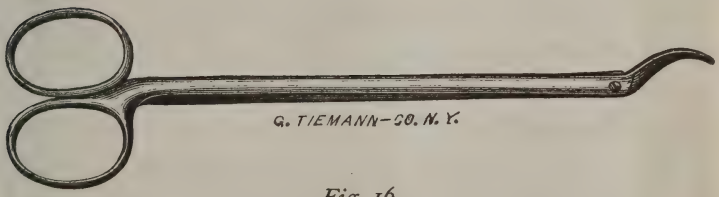


Fig. 16.

Fig. 17.

Fig. 18.

Fig. 19.

The above are, *Fig. 17*, the wire adjuster of Sims. *Fig. 18*, the forked wire pulley, and *Fig. 19*, blunt hook, all indispensable in the operation of vesico-vaginal-fistula, and very con-

venient in many other operations requiring accurate suture adjustments.

Fig. 20. Sims' Sigmoid Catheter, of hard rubber.

Fig. 20.

Fig. 21. This is Dr. Buttle's uterine scarifier and leech, very efficient and convenient for abstracting blood from the engorged cervix uteri.

Fig. 21.

Fig. 22.

Fig. 22. This cut represents the syringe employed by Dr. T. G. Thomas for introducing suppositories, and also for exhausting and cupping. It makes a good accompaniment of the above scarificator, and is in many respects a very useful instrument.

[*See the work of Dr. Thomas, above referred to, for particulars.*]

Fig. 23. Ecraseur used with annealed steel wire, modified by Dr. Geo. K. Smith. The wire is made to pass over the curve, which gives it more power, and less liability to break. A capital instrument for polypi and other purposes.

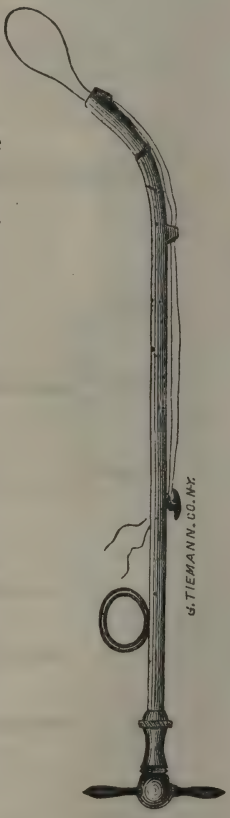


Fig. 23.

ON UTERINE DISEASE.

BY DR, J. MOORE, OF LIVERPOOL, ENGLAND.*

[This paper was intended to be read at the Congress in Oxford, in connection with the ovarian paper, but the time allotted did not suffice.]

My object in bringing forward the whole subject was to ascertain if possible, and to define, the present state of our knowledge of the curability of uterine and ovarian diseases by homœopathic medicines pure and simple, without the aid of surgery and local appliances, and to discriminate such cases as absolutely need surgical aid for their cure, in addition to internal medication.

At the Congress I brought forward the ovarian section of my paper; that chiefly embraced such cases as may be treated and cured medicinally, and such are not the disputed points of the question. I could only refer there to uterine disease proper by drawing a few inferences, the result of upwards of twenty years' experience iu this class of diseases. Here I purpose to give the facts from which the inferences are drawn, selecting a few prominent cases, illustrative of the necessity of local appliance, and specially of escharotics.

This subject was brought forward at the first Congress ever held in this country, in 1850, at Cheltenham, by Dr. Madden, and was there fully discussed, but without any definite result or unanimity of opinion.

Touching the subject of escharotics, I am well aware that some homœopaths contend for the homœopathic action of *Arg. nit.*, even when used as an escharotic, and a celebrated homœopathic practitioner in America told me that he had produced in a healthy female an ulcer by the local application of *Arg. nit.*, and that this ulcer precisely resembled that form of ulcer in which he had found *Arg. nit.* so beneficial; yet I doubt very much if *Arg. nit.* administered internally would produce such a result; I fear it would destroy the coats of the stomach before it arrived at such a climax as ulceration of the uterus. The symptoms given in Jahr, "Chancre-like ulcer on

* British Journal of Homœopathy.

the prepuce," certainly looks confirmatory of this view, if, indeed, it was produced by internal administration of the medicine, but of that we have no evidence that I am aware of. I do not mean to deny the homœopathic action of *Arg. nit.* on the genital organs, both uterus and ovaries, for the symptoms are palpable in the provings, and perhaps we have greatly underrated its powers in curing uterine and ovarian disease when internally administered; but in the cases I cite, I regard it in its escharotic effects, and as an escharotic it holds a middle place in intensity between *Potassa fusa* and *Carbolic acid.*

Query. Was not the above ulcer produced by local application?

It is no disparagement to the genius and greatness of Hahnemann that his Materia Medica does not contain any very clear or reliable uterine symptoms; the only four objective symptoms given being "Swelling of the cervix, *Cantharides;* softness of the uterus, *Opium;* irregularity of the os, *Natrum;* metritis, *Secale;*" all of very little help in practice, and very much below the standard of our present knowledge of the action of medicines on the uterus.

The fact that the speculum was first brought into use by Recamier in 1821, and not generally employed for many years afterwards, and the additional fact that the last thirty or forty years of intense professional activity, have thrown much light on diseases of this class, both on their nature and their curability,—these facts must be remembered before we pass a censorious judgment on our great master, who had not these advantages; also they must be taken into account before we laud him as our guide in this domain of disease.

Further, it is well known and admitted by all who are conversant with these diseases, that the subjective symptoms are often disproportionate to the objective symptoms found on examination. Severe lesions of the os uteri are often met with when only debility is complained of with the accompanying leucorrhœa; whereas numerous irritative subjective symptoms of the uterus and ovaries are met with when no organic lesion is found, and as the master and his immediate followers trusted

to the subjective rather than to the objective symptoms, here, as elsewhere' they fell into error occasionally.

With our greatly advanced knowledge of these diseases, there is still much difficulty in their treatment, from the variety of sympathetic symptoms attending them. Thus, I have known sick headaches treated by able homœopathists for twelve months without cure, when examination revealed uterine ulceration as the cause, and when this was cured, the headaches ceased.

I believe we shall exalt and not lower homœopathy by admitting in certain cases the necessity of surgery, instead of asserting the exclusive sufficiency of medicine alone, as some have done, while others have handed over such cases to allopathic specialists, with the remark, "Homœopathy is not applicable to these cases."

Such extreme views are alike opposed to sober truth ; scepticism and credulity, here as elsewhere, landing their votaries at an equal distance from the truth, though in opposite directions.

In the following paper I shall avoid all mention of the malignant diseases of the uterus and ovaries, confining myself to the ordinary curable maladies, and to those met with frequently in general practice. I shall be satisfied if my paper will clear up some difficulties, and help the young student of homœopathy to discern when to rely exclusively on medicines, and when to supplement them with surgery.

ULCERATIONS OF THE UTERUS.

There are four kinds of ulceration of the os uteri usually met with in practice.

1. The abrasive ulcer.
2. The granular ulcer.
3. The strumous ulcer.
4. The syphilitic ulcer.

Scirrhus ulceration may be distinguished from all these kinds of ulceration by its hardness, its inverted edges, the contraction of the vagina generally present, the lancinating pains, and the general appearance of the patient, but this is not included in my paper.

The general symptoms of all these ulcerations may be briefly stated as the following—four in number:

1. A weak feeling, or pain in the back.
2. A sense of bearing down in the pelvis, or dragging in the hips.
3. Sinking feelings at the pit of the stomach.
4. Constant leucorrhœa of a yellow color.

The above are the cardinal symptoms, and if all be present uterine ulceration may be safely diagnosed as the disease, even without examination internally.

In addition to these symptoms, there may be nausea, dyspepsia, biliary symptoms, sick headache, neuralgia, pleurodynia, and ovarian pains, but these latter symptoms are only present in complicated cases, and render the difficulty of cure so much the greater.

In ovarian complication it is of great importance early to discriminate which class of organs is primarily affected, as that knowledge will have much influence on the treatment, for while both classes of organs are often involved at the same time, they are not equally so, and that primarily mainly affected, demands primary attention; while serious lesions of the os may exist without ovarian disease, and ovarian disease exist without uterine disease. If both classes are diseased at the same time, our treatment must be directed to the primary or fontal disease. If either class of disease exist for a long time, it will certainly involve the other. I have rarely seen ulceration of very long standing without some affection of the ovary, nor ovarian affection without some uterine disturbance; but the origin of the disease in general may be diagnosed, and it has a close bearing on the treatment, and the same holds good in treating other diseases. Who, for instance, would select his remedies for hip-joint diseases out of the class whose primary action is on the knee-joint; as there is a certain order in the disease, there must be a certain order in the cure, as we shall see by-and-by.

While the group of symptoms given above is reliable in diagnosing four out of every five cases, perhaps nine out of ten, in some cases the only symptoms are weakness and leu-

corrhœa, and in others there may be present all the symptoms, and no ulceration found, only catarrhal discharge from the womb; in a very few cases leucorrhœa is absent, and so small in quantity as to be unnoticed, the ulcer secreting so little that it never causes troublesome discharge, and yet giving rise to so much irritation in sensitive subjects as to affect the general health, while in a lymphatic temperament you may meet with a large granular ulcer with very little disturbance of the general health, and but for the copious and annoying discharge, so serious a lesion could not be guessed at, as will be found on examination to exist.

THE CAUSES OF ULCERATION.

These may be briefly stated to be the same as those which cause inflammation and congestion of the uterus generally.

Chill from cold and damp, specially cold caught at the monthly period. Damp feet, and too light clothing in wintry weather, during the period. Neglected congestions often terminate in ulcerations; severe and instrumental labors; many date from this event. Mental causes, so fruitful of much uterine disease, struma, syphilis, &c.

I will now cite one or two cases of each kind of the disease. I pass over the abrasive ulcer, for, as its name signifies, it is a very superficial affection, and may be easily diagnosed on examination, from the other forms. It appears to be produced by acrid catarrhal discharges from the mucous membrane of the interior of the uterus. It does not need any caustication for its cure, though often resorted to in the first instance, yet I think needlessly. Here is the sphere of *Calendula* internally and locally applied, very dilute *Carbol. glycer.* if necessary, locally, the medicines indicated by the kind of leucorrhœa, attention to the general wants of the system, sitz baths, &c.

2nd. The granular ulcer, illustrated by a case in 1852.

A druggist's wife, of lymphatic temperament, dark complexion, aged 27, sent for me, as I had attended her in my allopathic days. She was pronounced in a hopeless condition from profuse repeated hæmorrhage, said to arise from polypus. Had been attended by three allopaths, two of the very old school

and at the top of their profession, in Liverpool. On paying my visit I certainly found her in a very deplorable state; constant vomiting, and great exhaustion and hæmorrhage occasionally, the vomiting, perhaps, arising from the *Morphia* which she had heen taking freely. I administered *Arsenicum 3*, and subsequently *Nux*, and by dint of these medicines the sickness ceased in two or three days, and she was able to bear examination with the speculum. I did *not* find any polypi growth, but a large ulcer, involving three-quarters or more of the os uteri, evidently of long standing, from its insensibility to local application. I cauterized it with solid *Arg. nit.* every four or five days at first, then less frequently; continued *Arsenicum 3*, occasionally interposing *Arnica 1;* subsequently, there being pain and weakness of the back, gave *Sepia 3* and *6*, on alternate weeks; gave her a highly nutritious diet, including wine and porter. She gradually recovered; no hæmorrhage occurred after the treatment was begun. Whenever it threatened I administered *Arnica.*

In five months she was quite cured. Two years afterwards she was confined of an acephalous fœtus, which I attribute to the fright she was constantly subjected to by the allopaths, who told her she could not live more than a fortnight, and also to the long-continued drain upon the system. Since the above confinement she has had three healthy living children, aud is perfectly well this day, fat and flourishing. I have had many similar cases since the above, but few so serious in character. One of the same nature, as regards the hæmorrhagic tendency occurred in an American lady, aged 30, in 1862. She had three living children. In this case abortion had been induced spontaneously some weeks previously, as I afterwards had reason to believe. Here the hæmorrhage went on from week to week, notwithstanding my persistent use of the most closely indicated medicines—*Ipecacuanha, Platinum, Crocus*, &c, At last I examined and found a large ulcer, which ceased to bleed as soon as touched by solid *Arg. nit.;* continued occasionally *Causticum*, in addition to internal medicine, and in four months she was well. I will now give a well-marked specimen of the strumous ulcer, though some allopaths will go so far as to call

all ulcerations of the uterus (not malignant or syphilitic) strumous.

An American lady, fair complexion, about 24 years of age, married, having one child, applied for advice. For three years she had suffered from total suppression of the catamenia, and symptoms of ulcer of the uterus, as above described, with profuse yellow leucorrhœa. Also had strumous ulcers of the neck, some healed, others still open. Had been under several allopathic doctors up and down the American Continent, where her husband, who was captain of a ship, had sailed. I examined and found a large and offensive ulcer: cauterized it with solid *Arg. nit.*, and by alternate weeks of *Arsenicum* and *Phosphorus*, Nos. 6 and 3, and occasionally No. 12, cured the disease; it took five months, however, to do so.

Note.—In one month from the time I pronounced the ulcer healed she menstruated, and since then has had children, but how many I can't say, as she has lived in America ever since. Has only sent me word once that she has had a baby.

4th. The syphilitic ulcer. Here I may preface this case by stating that the Hunterian chancre is very seldom met with in private practice, in either male or female, and in respectable married life ulceration of a syphilitic character is of the secondary kind generally, and a very important question arises here with painful prominence. How soon after the healing of the primary sores in the male is it safe to marry? Two or three cases have been brought before my notice in which infection has been conveyed to the wife where the primary sores had been healed for several months; hence we must be cautious about advising *roues* to marry, and the question is difficult as to the safe period after the removal of the primary sores (I should say one year in syphilis, half a year in gonorrhœa). To return to my case. I was sent for in the beginning of 1869, to a lady aged 30 or thereabouts, fair complexion, suffering from lameness of one knee, and stiffness of the hip-joint. It turned out to be a kind of Alexandra case. She was confined eighteen mouths before my visit prematurely of a stillborn child. Caught cold three or four days afterwards. Her knee swelled, matter formed, two allopathic hospital surgeons were

called in in addition to the family doctor. One of these prescribed amputation of the limb; the other advised puncture of the knee. This was done. Pus escaped and ran for many weeks. Perfect rest was enjoyed by the use of a long splint; the wound healed with the usual results. Knee-joint anchylosed. Hip-joint stiff as a board and perfectly useless. It was for the hip-joint I was called in. I prescribed *Rhus* externally and internally, followed by *Phosphorus*. Some improvement took place, but fears began to be felt that she was again pregnant, and leucorrhœa being very profuse and of a yellow color, I deemed it right to make an examination per speculum, when I found a large ulcer nearly encircling the os, with profuse fetid discharge. I also diagnosed early pregnancy (she was pregnant between two and three months).

I decided at once the course to be pursued, viz. to heal the ulcer, and told the husband that though there might be some risk of miscarriage in doing so, yet a greater risk was incurred of her former trouble returning by letting things take their course, viz., leaving the ulcer uncured. I found the ulcer very insensible and indurated. It did not yield to *Arg. nit.*, though I gave it a fair trial; was obliged to use *Potassa fusa* once to get rid of the morbid granulations, and then used the *Carbolic acid* with very happy effect. The case was cured by four and a half months' treatment. Pregnancy went on to the full period, and a perfectly healthy child was born. The medicines employed were *Merc. corr.*, *B. Hepar*, *B. Phosphorus*, *Iodium*, *Thuya 12*. Given separately each for a few days.

The reading of the whole case, I think, is the following: In the former pregnancy syphilitic ulceration had existed throughout; hence the death of the child and premature labor, subsequent absorption of the matter into the knee-joint, necessitating puncture for its removal. Anchylosis of the knee-joint and stiff hip-joint from the use of a splint to the whole limb for so many months. All these dire evils might have been prevented by correct diagnosis and local and general treatment in the former pregnancy. Persistent yellow leucorrhœa throughout the period of pregnancy ought never to be lightly regarded, even when no other symptoms are present.

Recently a case, non-syphilitic, occurred in my practice, pointing to the same necessity, viz., the treatment locally of such case during pregnancy. A lady, about 25 years of age, with one living child, two years old, miscarried when pregnant a second time at five months, had a good deal of hæmorrhage—still not an alarming quantity. I resolved to find out the cause, which was not very apparent. I found that she had been troubled with yellow leucorrhœa during the pregnant period. I prescribed for her according to the symptoms, which were very few, merely weakness of the back and the leucorrhœa. The medicines were *Sepia 3*, *China θ*, and *Calcarea 6*: each separately for a few days. She improved very much, and indeed left off all treatment as unnecessary. Again she became pregnant, and when two months gone was again threatened with abortion. Happily this time I managed to stop it by *Gelseminum θ* and *Arnica*, being sent for early. As soon as the hæmorrhage ceased, I requested an examination, which I ought to have done before, but was deterred by motives of delicacy. I found, as I suspected, a granular ulcer of the size of half-a-crown, evidently of long continuance, as it was insensible to caustic, and the granulations were very prominent; cauterised it with solid *Arg. nit.*, and prescribed the same medicines mentioned above, chiefly, *Sepia* and *China* separately and *Arsenicum*, and gradually discontinued the caustic. The ulcer was nearly well in three to four months; she is now within two months of her confinement, and for the last two months has only used *Carbolic acid* lotion. The former miscarriage might have been prevented if the patient had complained of the discharge and appropriate treatment employed, but here, as so often happens in such cases, the absence of symptoms, especially of pain, prevented her from attending to the disease. Let it be noted here that the internal medicinal treatment was the same, both before and after the caustication, but the result how different!

COMPLICATIONS.

The above cases are cited as simple ones of ulceration, but they are very often complicated with other derangements,

making the treatment a matter of much difficulty, sometimes even of perplexity, as to the course best to be followed.

A few words on the complications, viz., neuralgic pains of various kinds, spinal affections, paralysis of the lower extremities, dyspepsia, nausea, morning sickness, &c. In cursorily noticing these it may be stated that all such symptoms must be combated in the usual way, choosing, however, the medicines, as far as can be done, out of those having uterine relationships, as well as the prominent symptoms striking at the pathological root as well as at the superficial affection. Thus, in congestive headache, *Belladonna*, *Sepia*, *Opium*, *Glonoine*, &c. In bilious headaches, *Mercurius*, *Pulsatilla*, *Gelseminum*, &c. In cases of nausea and morning sickness, *Pulsatilla*, *Kreosote*, *and Conium*. In pleurodynia, *Pulsatilla*, *Cimicifuga* and *Gelseminum*.

I had once a case of ulcer on the os, attended with morning sickness, in a person married two years, without children. She believed herself to be pregnant, and it was only after the expiration of the nine months that she sought advice. On examination per speculum a small ulcer was found, and on cauterization the sickness stopped at once. I had tried the usual medicines for morning sickness before I resorted to local application. but without effect.

Whatever be the complications of these cases, my counsel is to heal the ulcer as soon as possible after it is known to exist, excepting such cases as are found to be irritated by the caustic. Such cases generally will be found of an inflammatory character, or occurring in intensely nervous subjects, and will require special treatment, constitutional and local. In inflammatory or congestive symptoms of the os, *Belladonna* is most reliable ; in neuralgic, *Gelseminum*, and in such cases the local applications may be, first, *Calendula*, afterwards *Carbolic acid*, very dilute. The following is a good form—*Carbolate of Glycerine*, one dram to half a pint of water, a fourth part to be used once a day ; it may be used stronger without the patient feeling the least inconvenience from its injection.

The most serious case of complication that I have had to treat is the following one, which I will very briefly detail.

A young woman of dark complexion, nervo-sanguine temperament, aged 24, wife of an English sea captain, whose previous history was unknown to me, requested my services in June, 1868. She had been confined about four months with her first child; a severe, but not an instrumental labor. Had lost the motor power of her lower extremities entirely; sensation normal. Had persistent leucorrhœa of a yellow color; is subject occasionally to epileptic attacks, not of a violent character, sometimes at night, occasionally by day. Altogether the case was very unpromising. On going fully inro her history, I found that she had on one occasion lost the power of her limbs, before marriage, for some months, and that at the same period she had the leucorrhœa above mentioned. I therefore lost no time in making an examination, and found what might have been surmised, a large and flabby ulcer, evidently of long standing; causticated it with solid *Arg. nit.*, and continued to do so at intervals of three or four days for about three months. The medicines chiefly employed were *Belladonna*, *Sepia*, *Arg. nit.*, *3* and *3x*, *Rhus*, and *China*.

At the end of about four months the ulcer was healed, and in three months more the power was restored, and she walked to my house, a distance of two miles, soon afterwards, and has never had a relapse of the paralysis, though she has had two living and healthy children since—one born in June, 1869, the last in the beginning of this year. I attended her in her labor in 1869. Last time a neighboring allopath was called in; the labor was tedious, strong doses of *Ergot* were given, and even then the child had to be brought "forcibly away;" the consequence was, that the ulcer has again appeared in a modified form. This was not the case after the first confinement, and is not the case generally, unless manual or instrumental interference has taken place.

Very frequently cases of spinal irritation are met with in the unmarried, complicated with ulcer of the os, and I believe this was the case in the above patient, but it was overlooked then and maltreated; at least nothing done for it but the everlasting and wholesale tonic system. I will now give a few indications for the medicines. I have used but few. simply because I have

found them sufficient. When the weakness in the back and pit of the stomach predominate *Arsenicum 3* and *6* is the best medicine, and will be found a standard medicine in the great majority of cases of ulceration. Pain in the back indicates *Bell.*, *Sepia*, and *China; Arnica* where there is a tendency to bleed in the ulcer, and may be occasionally alternated with *China* to advantage. When congestion is present, *Bell.* is most reliable; when there is much nervous irritation *Gelseminum* is indicated, and bearing-down sensations are met by *Sepia*, *Aletris*, and perhaps *Senecio.* If ovarian irritation coexists, then *Phosphorus*, *Mercurius*, *Bryonia*, and *Platina*, and must be chosen according to the symptoms.

I must not leave this subject without a caution on the subject of caustication.

Where it produces much pain or irritation it ought not to be persevered with, but a lotion used, either of *Calendula*, or *Carbolate of Glycerine*, higly diluted, ℥ij to ℔j of water. In cases where *Caustic* is used it ought gradually to be diminished as the wound heals, and never to be persisted with to the point of complete cicatrization; if it should be so used great danger of contraction of the os is incurred. I met with a case many years ago which had been under a celebrated allopathic surgeon, an old man. He had gone on causticing until complete occlusion of the os was produced, and I had very great trouble indeed in getting a small passage—the ordinary sound could not be passed. I had an instrument made of a needle-shaped form to prepare the passage for the sound. Hence the caution given above not to causticate during the last month of cicatrization, if nature and medical treatment are sufficient to carry on the work as may be judged by occasional examination.

Labor after long standing and extensive ulceration is a little more tedious than usual, from the dilatation of the os being slower than natural; beyond this I know of nothing exceptional, and the ulcer does not break out again if effectually cured before labor.

DIETETIC.

With reference to diet I have to say that, in ulceration of any magnitude, a highly nutritious diet is absolutely necessary,

with wine, and beer, where they can be taken ; say, two glasses of wine per day and one or two of beer, but beyond this it is very seldom needful to go. I have met with cases of abrasive ulceration where even one glass of wine cannot be borne. *Zincum* will be found beneficial in such cases. In the deep ulcerations, however, the contrary is the case ; and indeed, we shall fail in curing some cases entirely unless a stimulating diet accompanies our treatment. This fact was brought forcibly brought to my notice by a dispensary case I treated some years ago. A poor woman past middle life had a large ulcer of the os uteri, with prolapsus on a level with the external parts, so that it could be treated without the use of the speculum. Medicinal and surgical means were employed, but no progress was made in healing it up, though the medicines were carefully selected. At last I thought of trying a stimulating diet, and sent her half a dozen of porter. From the time she began the porter the wound began to heal, and completely cicatrized, though the prolapsus remained.

Query.—Would not many of our old chronic dispensary cases be cured by these means ?

I omitted to state in connection with the uterine case above, viz. that complicated with paralysis and epilepsy, it is the only case in which I have used *Argent. nitrat.* internally for any prolonged period, and I was led to it in this case by the brain and spinal symptoms, and when the ulcer was healed she lost her fits for a long period, and the paralysis also, as above stated. During her last labor, having had *Ergot* freely given by the attendant, the ulcer has partially returned, and the fits occasionally occur ; and this return of the ulcer is the only case of partial renewal I have met with after the original cure,

Exeeption may also be taken to that case which I have described as syphilitic, that no special symptoms of syphilis being present were given. The appearance and character of the ulcer, coupled with the fact that the husband had nodes in the os frontis prior to the case, with the specialties above detailed, irresistibly led me to the opinion given.

I shall now give two or three cases of ovaritis ; though they have already appeared in the *Monthly Homœopathic Review* in

connection with the *Oxford Congress*, they are absolutely necessary here, as they form part of the basis from which I draw my inferences, and are blended with the above subject.

The first case occurred in a married woman between thirty-five and forty years of age, of fair complexion, and highly nervous temperament. She had twice miscarried between the fifth and sixth months, or a little later. It was on the occasion of her last mishap that I was called in (1850),

After recovery from the effects of the abortion, I resolved to find out the cause, if possible ; though most anxious for a family she declined examination per speculum, on the ground that Sir C. Locock and Dr. Ferguson had both examined her and pronounced the uterus to be perfectly sound, and that debility alone was the cause of the abortions which had occurred. This reason did not seem conclusive, because there was no indications of very great debility. On going closely into the symptoms I found pain in the region of the left ovary, extending down the inner side of the thigh. From some previous experience I thought of *Phosphorus* provings, which show it to have great influence on the sexual organs, both male and female, by its acting violently on the testes and ovaries, producing profuse menstruation even after it had ceased for eighteen months ; by various kinds of leucorrhœa—chiefly the reddish—&c.

On October 29th, 1850, I accordingly prescribed *Phosphorus 6* for a few days thrice a day. She complained that the medicine irritated her, though she thought it did her good. I now gave two or three doses of *Chamomilla*, and retained the *Phosphorus ;* but then gave No. 30. At my next visit she still complained of the medicine irritating her, though she felt the pain better. I now gave her *Phosphorus* 100 (Jenichen), a dose only once in twenty-four hours. After this I heard no more of the irritation, but she steadily improved : and I continued this for about eight weeks—the only intercurrent being *Nux ;* and on one occasion *Mag. mer.* for a few days—for what reason I cannot remember. I returned on the 3d February, 1851 to *Phosphorus 30*. In March she was quite well, and on the 30th March, 1852, one year afterwards, gave birth to a son, born at the full time.

The other case to which I desire to draw your attention is that of a married woman, æt. 40, whom I was called to see in October, 1866. She was five and a half months gone in pregnancy. On visiting her I found her threatened with a second miscarriage. The characteristic pains had commenced; but *no* hæmorrhage had appeared. By aid of *Belladonna* and *Sepia* it passed off. On inquiring into the causes, I found each ovary increased in size to the extent of a large hen's egg; and it was a matter for astonishment how she could have become pregnant in such a state. I gave a very doubtful prognosis as to her being able to complete the full time under such circumstances; but advised her to undergo a course of medicinal treatment. There was no indication whatever of uterine ulceration, or of any form of disease of that organ. Regarding the ovaries as chronically inflamed, I prescribed *Belladonna 1*, *Mercurius sol. 3* and *3x*, and *Bryonia 1*, for a few weeks. She went on to her full time, and had a living child, which she nursed. She felt such slight inconvenience that he paid but little attention to herself; but after weaning she became anxious to be cured of her chronic disease, in order to avoid a repetition of her former troubles. She now suffered great pain at each monthly period, the return of which had been regular. Examination of the uterus did not discover any disease of that organ. Both ovaries were distinctly enlarged. By persevering in the line of treatment I shall presently describe, one (the left) has disappeared, and the right one is still slightly perceptible by deep pressure, and apart from pressure, she suffers pain in it occasionally. She has never become pregnant again; and four and a half years have elapsed since the birth of her only child.

The medicines I prescribed separately were *Mercurius sol. 3* and *3x*, *Bryonia 1*, *Kali bromid. θ*, *Kali hydriod θ*, and *Iodium θ*, the latter dissolved in *Kali hydriod.*, *thus*, *Iodine* gr. 1, *K. hyd.*, gr. x. in ℥viij aquæ, Cochl. min. bis in die sumend.; thus the dose of *Iod.* became the 64th of a grain; this I continued for weeks with such intercurrents as appeared to be required, *e. g.*, *Merc. sol.*, *Puls.*, or *Nux.* I also used a liniment of *Iodine*, ℥j. to *Ol. olei* ℥j.

THE TREATMENT OF OVARITIS.

Remembering the various tissues entering into the structure of the ovaries and their appendages, viz., serous, mucous and ligamentous membranes, together with the parenchyma, we are prepared to expect a variety of symptoms, some of which are very painful. Our medicines must be chosen here, as elsewhere, in harmony with the totality of the symptoms. Though highly and purely nervous symptoms are often met with, yet we should be careful not to set down all, or indeed many, of the symptoms to neuralgia, The ovaries being, according to my experience, very frequently inflamed, or congested, when the derangement is styled neuralgic, I feel sure that if we treated such cases as inflammations, we should obtain more brilliant results. Note also that every month the ovaries and uterus undergo a natural congestion; and if not relieved by the proper secretions, there is laid the foundation for disease after an epoch of time. The kind of pain will point out the most homœopathically selected medicines; and these will be *Aconite*, or *Belladonna*, or *Bryonia*, or *Mercurius*, *Phosphorus*, *Iodium*, *Pulsatilla*, *Platina*, *Colocynth*, *Lachesis*, *Conium*, *Staphysagria*, or *Cimicifuga*.

As regards the *indications* for the medicines I suggest the following :—When the ovarian pain shoots or extends towards the hip—*Mercurius*, *Bryonia*. When upwards to the side—*Pulsatilla*, *Cimicifuga*. When the pains shoot down the inner side of the thigh, *Phosphorus* is most reliable; perhaps also *Straphysag.* and *Colocynth.* In bilious headaches, &c., *Gelseminum.* When numbness in the limbs, *Platina* and *Colocynth.* When accompanied by great debility—*China;* but if not presumptuous, I should like to distinguish between those medicines which relieve and those which cure.

Chronic ovaritis has often been cured in my hands by *Belladonna*, *Mercurius*, *Bryonia* and *Phosphorus*. The great difficulty is tiding the patients well over the monthly period, as that is usually a time of aggravation; and we shall now, therefore, say a few words on dysmenorrhœa, and its treatment; because it is intimately allied to the treatment necessary for

ovaritis at the monthly periods; and is of itself sufficiently difficult to treat to merit especial notice. Some cases cause intolerable suffering every month; and very little can be done by the old system save by overpowering narcotic doses, the effect of which is such that the patient will rather bear the disease than its prescribed treatment.

Dysmenorrhœa arises from three different causes; hence we have the neuralgic, the congestive, the mechanical; but in practice the three are often so blended that it is not easy at first to discriminate which feature is predominant. Perhaps for all practical purposes the congestive and neuralgic may be considered together. When the pain sets in with violence in the ovarian regions, and through to the back, and is followed by profuse secretion, and even hæmorrhage, which often happens we may look upon it as a *congestive* case.

If, on the contrary, the pain runs down the thighs, or even ar far as the feet, we may regard it as *neuralgic*.

When, on the contrary, there is great pain, and bearing down, with *forcing* feelings in the *uterine region*, and very *little* discharge the first or second day, we may pretty certainly conclude that the case is a *meehanical* one; arising from contraction of the inner and outer os and cervix uteri, probably of all three.

There are ninety medicines in Guernsey's work marked for dysmenorrhœa! One is puzzled how to use such wealth. In *practice* you will not find many of much use, and in some bad cases it is very difficult indeed to find one.

Belladonna, *Cocculus*, *Colocynth*, *Platina*, *Arg. nit.*, *Conium*, *Gelseminum*, *Phytolacca*, and last, but best of all, *Senecio (Aletris?)*, are the most reliable, and, in cases where these fail, *Kali bromid. θ*, *Kali hydriod.* *Kali hydriod.* will be found of great service, taken *at the intervals* of the period, giving *Seneeio*, *Gelseminum*, or *Belladonna* at the time.

When all medicines fail, and the symptoms point to mechanical obstruction, we are justified in proposing examination, and dilating the os uteri with the sound. It is only in rare cases of this kind that tents are really required.

In 1868 I had a very severe case of this disease under my

care, in a young person aged 23. All the three classes of symptoms were present. Not only was there pain in the ovaries, but it extended down to the very feet, and violent pressing pains in the uterus during the first two days of the period. I could not with any medicines give her relief; so I proposed an examination, and found the organs very small, os contracted, and cervix likewise. With some trouble I passed the sound twice or thrice the week before the period. This gave some relief, and removed the intense irritability uf the organs; but I attribute the cure to *Kali bromid.* θ, which I gave during the interval of the monthly period, and *Senecio* at the time of the attack. Doubtless the great difficulty in the great majority of cases is in the separation of clots instead of the natural secretion; and dilatation gives relief by allowing these to pass easily; but I am convinced, by experience in this and other cases, that the majority of such cases may be cured medicinally, and this plan is always to be preferred, even though it may be a more tedious process.

Though I have endeavored to map out the various kinds of dysmenorrhœa, and to discriminate the mechanical from the others, I do not wish to overlook the great fact that the dynamic symptoms are so often intermingled with the mechanical that great benefit may be derived from our medicines, even if the mechanical obstruction exists. But for the perfect cure, *dilatation* is necessary.

I will now briefly give my conclusions from the whole subject.

1st. That we have arrived at a period when all are agreed that many uterine and ovarian affections are cured by homœopathic medicine alone, without escharotics. The catarrhs of the uterus, leucorrhœa, abrasive ulcers, and ovaritis, acute and chronic—the latter when it has become so serious as to have caused abortion again and again, and the cures have been confirmed not only by ease of the patients, but by their going to the full period of pregnancy, when they had previously miscarried, it may be, several times, and where tonic measures had been employed by the allopaths without effect.

2nd. The diagnosis between uterine and ovarian disease

must be carefully and accurately made. For though both uterus and ovary may be affected at the same time, and the symptoms consequently be complicated, we should miss our mark if we failed in tracing back the disease to its point of origin. The subjective symptoms are not unerring guides here in forming a correct opinion. They are often comparatively faintly marked when the lesion is serious—as in the case of large ulcers of the os and cervix, marked by nothing but weakness and yellowish leucorrhœa.

3rd. For diagnosis it is in many cases unnecessary to use the speculum, and it is never required where the ovary is clearly the seat of disease. In all cases, whether uterine or ovarian, I begin the treatment with medicine alone, and I commend this course to my younger brethren.

4th. When medicines carefully administered fail to benefit. and the symptoms point to the uterus as the seat of disease, then the speculum ought to be employed.

5th. (*Ethical remark.*) On the *first* occasion of using the speculum, and on all others, it is well that the patient should have a female friend or nurse present.

6th. When we examine and find ulceration of the os uteri of a granular character, and decide on the use of caustic, we should next select the kind of caustic. If there is there is strong reason for believing it to be of a syphilitic character, I should advise *Potass fusa* at once, and give a week for the separation of the eschar, and afterwards apply the *Arg. nit.* every four or five days. Should the ulceration be of a common kind, begin with *Arg. nit.* solid, and as the healing process goes on, allow longer intervals between the applications.

7th. That escharotics ought not to be persevered with when they occasion *severe* pain. They are contra-indicated in such circumstances. Where they are really needed they give either *no* pain at all, or a mere transient burning, lasting for about an hour.

8th. *Belladonna* and *Sepia* will remove the inflammatory symptoms which cause the pain, and pave the way for local applications if required. In such cases *Carbolic acid* ought to be used instead of *Arg. nit.*

9th That abortions may often be arrested, even after hæmorrhage has taken place, by properly selected homœopathic medicines, and for this purpose *Gels.* and *Arnica* are invaluable, not underrating, however, our old friends *Bell.*, *Sepia*, *Cocculus*, *Sabina*, *Secale*, *Plat.*, and *Ipec.*

10th. That ovaritis, if found to coexist with pregnancy (as it sometimes does), ought to be treated persistently throughout the period, if need be; if not, the probability is that very troublesome inflammation, perhaps suppuration, may succeed the labor, which might have been prevented by forethought and appropriate treatment.

11th. That hæmorrhages from the uterus may in general be controlled by medicinal treatment alone, and that we possess a rich list of reliable medicines for that purpose, chief among which are *Aconite*, *Arnica*, *Hamamelis*, *Sabina*, *Secale*, *Crocus*, *Platina*, *China*, *Ipecac*, and *Millefolium;* but there are exceptional cases where the bleeding is caused by ulcers or polypus, and these may be suspected when hæmorrhage returns without any very obvious cause; and when such happens to be the case, examination should be made and surgical means be employed, in addition to the medicinal treatment indicated.

12th. That ulceration, if *thoroughly* cured, never returns; where it is said to do so, I believe it has never been *healed* entirely; and if a portion is left, it may be very easily ruptured, enlarged, and become as troublesome as the primary sore. The only exeeption to this is in the case of violent labors, and especially where *Ergot* has been given.

Lastly. The most extensive ulceration may be cured without any transference of the disease to other organs; and ovaritis, if it coexist with ulceration, may be cured after the healing of the ulcer, but not *before*, according to my experience; and the long life of the patients in the enjoyment of good health, and healthy children born to them, proves the cases to have been cures indeed; and these cures may be effected even during pregnancy.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

SURGICAL REMINISCENCES FROM THE SUMMER COURSE OF LECTURES, 1871.

BY PROF. TH. NILLBOTH.

STAPHYLORAPHY IN CHILDREN.

From 1860–1867, at the clinic in Zurich I performed the operation of staphyloraphy and urinoplasty, on five children. One death, two cases not successfui, one nearly total and one total cure, but without genuine effect on speech, as a guttural voice remained.

The following reflections urged me on to repeat this operation, in spite of the insufficient physiological success. By making urinoplastic operations in children, we successively divide the muscles of the velum most important for pronounciation, in order to excite the loosened muco-periosteal coat of the hard palate. These muscles always unite only imperfectly, which must be the cause of the guttural sound. Experience shows that after an early reunion of a hare-lip, the opening in the processus alveolaris closes spontaneously, so that the teeth, originally interrupted by a gap, stand perfectly corrected. This even happens in very large defects, after the operation, whereas, without the operation of the lip, the bony defect remains open. It appears to be the consequence of the continued, though weak pressure, which the upper lip exercises on the underlying bone. We must now study, if after early union of the velum, a spontaneous closure of the posterior part of the palateal arch may not also be possible, especially as we never saw a case where only the hard palate was split. (The opera-

tion, with this modification was last year twice successfully performed.)

ACUPRESSURE, ACUTORSION AND TORSION OF ARTERIES, ESPECIALLY AFTER AMPUTATIONS.

I have now used acupressure and acutorsion in fifty amputations, and by using four needles to every case, this method has been tried two hundred times; fifteen times on the art. femoralis, even where the amputation was made very high up. I have had no case of exarticulations in the hip joint, and the exarticulations in the shoulder-joint I exclude, as I fail to fix exactly the needle, so as to be perfectly sure that no hæmorrhage follows.

I use mostly acutorsion, rarely acupressure, never acufilopressure. Only *once* hæmorrhage set in after removing the needle, and this was the brachial artery, where I used acupressure after the so-called first English method; in fact the veins, the belly of the M. biceps, and the N. medianus, were all also taken up, producing swelling and fluxion in the compressed parts; after removal of the needle, the compressed parts quickly returned to their position, the wounded surface was thus dragged and the coagulations torn.

It is therefore advisable to avoid acupressure over large masses. A great many consider in acutorsion a full torsion of the needle necessary, but where the needle is well fixed, half a torsion suffices. Although too much torsion does not injure, still it renders the removal of the needle more difficult. I always use golden needles for short needles, and though they are rather soft and easily bend when striking against any solid object, I prefer even long golden needles, on account of the ease with which they can be removed.

In amputation of the mamma, acutorsion always failed in my hands. The reason for it is: for the torsion of arteries, we must (1.) strictly isolate the artery; (2.) take hold of the stump with firmly holding tweezers; (3.) the end to be acted upon must have a certain length up to the division of the next branch.

Neither one of these conditions is present in the mamma.

Many small arteries squirt out from the cutis and paniculus adiposis, and can only be isolated with great labor and loss of time; the arteries on the thoracic walls are mostly short and retract deeply in the muscular fibres.

I have this summer stopped all hæmorrhage, by torsion, in five amputations of the leg, two of the feet, two of the forearm, and one of the upper arm; and have done the same with most arteries in amputations of the thigh. Only once I had a secondary hæmorrhage, on the third day after the operation, from an art. tibialis postica, and I blamed myself for it, as, in order to get a long twisted piece of the arterial end, I forced the torsion entirely too much.

I isolated the arteries in all cases; then drew them out 1–1¼ inch, and twisted them so long with the tweezers in one direction around their longitudinal axis, drawing it forward at the same time, till the artery gave way and a piece of it remained in the pincette, and at the same time the stump of the blood vessels bounded back in the soft parts. Porta recommends not to draw the artery too much forward, and to twist the tweezers only four or five times, in small arteries, or six to eight times in larger ones. I draw the blood-vessel pretty well forward and twist it off, in order to change as much as possible the internal coat, and then the formation of the thrombus will also be an extended one; but there is this disadvantage in strong and extended torsion, that the largest part of the twisted piece of the artery, divested of its covering, will become necrotic. This I once witnessed in a case where, after extirpation of a varix with fistula on the lower leg, I used torsion on both ends of the bleeding veins; reaction was severe, and both twisted ends fell off in a necrotic state. The extensive formation of the thrombus, and the danger of necrosis, therefore contra-indicate torsion in venous hæmorrhage; here acutorsion, acupressure, or the ligature are far less dangerous. With one word, torsion is the most applicable treatment in all amputations up to the knee or elbow; but we ought to abstain from it where close to the cut end of the artery a strong branch is given off.

SUCCESSFUL TREATMENT OF MULTIPLE LYMPHOMATA BY ARSENIC.

Lymphatic glands become only rarely protopathically diseased, mostly secondarily in consequence of contagion, and most probably in consequence of transition of pathologically newly-formed cells from the primarily diseased focus into the glandular substance. Cells may not be always the carriers of the morbid matter; fluids may also, in the form of granules, or in solution, wash it out of the primarily diseased focus, carry it to the lymphatic glands, and produce proliferation in the so easily irritated tissue of the lymphatic glands. This probably is the case in the different forms of inflammation, but will be less easily understood in relation to the development of peculiar tumors, which always remain perfectly identical to the primary form.

In studying the so-called sympathetic swellings of lymphatic glands in inflammatory processes, we find, that anatomically considered, all of them are originally pure hyperplasiæ of the tissues of the lymphatic glands, and either proliferate, as the case may be, acute or chronic, and pass over in suppuration and cheesy degeneration. Combinations of these metamorphoses are frequent.

As easy as in most persons the acute swelling of the lymphatic glands, even when arising in consequence of severe acute inflammation of peripheral parts, passes off without injury, still it frequently happens that a primary subcutaneous or chronic inflammatory process appears perfectly cured, whereas the deuteropathic swelling of the lymphatic glands persists or even increases. It also happens that an irritation of the lymphatic glands may be caused by slight peripheric causes and still turn into a chronic state. The cause of such a continued diseased state of the glands may be found in the intensity of the irritation, in the slight power of resistance in the glandular tissue, or because we frequently meet there suppuration, necrosis, cheesy degeneration; all products which are not absorbed at all or only very slowly. Individuals where such diseases of the lymphatic glands show themselves, by their

frequency and persistency, we call "lymphatic" or scrofulous.

Where now the symptoms begin or end is hard to say. If we call symptoms only those rare cases of swellings of lymphatic glands which we described as protopathic, many errors will necessarily arise. Should we take as lymphoma every swelling of the lymphatic glands, no matter in what tissue it originates, then we have to consider every enlargement of a lymphatic gland, not caused by carcinoma, sarcoma, chondrema, myxomas, etc, as lymphoma, and have to distinguish their ætiological nature by adjectives. That lymphomata pass over in suppuration, necrosis, or cheesy degeneration, does not alter anything in the original anatomical state, just as similar states in carcinoma or sarcoma do not prevent us from calling such tumors by their original names.

As tedious in their course, and even dangerous the suppurating and cheesy degenerating lymphomata on the neck are, still those forms of lymphomata we consider far more dangerous which remain purely lymphatic and distinguish themselves by their rapid growth and enormous size; for they are of a malignant character. Lücke calls them *lymphosarcomata.* It is impossible to know in the beginning what will happen with a swelling of lymphatic glands, what metamorphoses may take place, and I acknowledge that I do not know any symptom, except its rapid, painless growth, by which we might diagnose at an early stage the malignity of these lymphomata. No operation which I performed on these generally white or light-greyish-red tumors was of lasting effects; relapses always took place. Only in a few cases I saw them appear multiple; on the neck they are always only one-sided, or on the back of the neck.

Case.—Mrs. T. Fingal, 40 years old, came to our clinic, May 4th, 1871. She always enjoyed good health, and never suffered in her youth from glandular swellings. About ten months ago, patient observed that the glands on the neck enlarged, though she never had any bad teeth. Soon, also, the glands in the axilla, groin and elbow, began to enlarge. She became pale, emaciated and weak, although there was no pain in the tumors.

We found her looking very pale; the skin wrinkled and loose like somebody who quickly became emaciated. On both sides of the neck, close to the maxilla, confluent, moveable swellings, of the size of a man's fist; respiration snoring and troubled; swelling of the size of a hen's egg (enlarged tonsil connected with the lymphatic glands of the left side) protruded in the fauces, producing, during the night, some dyspnœic attacks. Similar swellings in axilla, groin and elbow. After evacuating the bowels, hard knobs can be felt in the abdomen, which are enlarged mesenteric glands. Spleen enlarged to twice its size, but not hard. All these tumors have only a very moderate hardness. Examination of the blood failed to discover leukæmia.

Prognosis very doubtful. In such cases I have no confidence in *Iodine* or *Chininum*, but intend to try *Arsenicum*. The two latter remedies certainly produce a diminution of the fever in intermittent fever, and as the lymphatic glands, in their formation and function, show great similarity to the spleen, we began, our treatment with *Chininum*, 12 to 20 grains. daily, and although Quinine intoxication was fully developed, the tumors showed no change. May 25th, patient began to take Fowler's tincture, with water, āā five drops, morning and evening, gradually increasing it to 20 drops. up to June 28. Two weeks after taking the *Arsenicum* a decided diminution of the tumors began and steadily progressed. June 20, every vestige of a swelling on the neck had disappeared. When symptoms of Arsenic poisoning set in, the dose was slightly decreased. Gradually the dose was again diminished to five drops, and as health and strength increased with steady decrease of the different lymphomata, the patient was discharged.

Neither electricity nor any external application, has ever been of the least use to me in treating such cases.—*(W. M. W., 44, 1871.)*

Reviews, Book Notices, Etc.

*Tarantula hispanica. Translated by J. A. Terry, M. D., from the original work of Dr. Nunez, and its translation in French with notes and additions, by Dr. J. Perry.**

We have ever entertained a loyal regard for the polyglottic Teuton who mans the helm of the *North American Journal of Homœopathy;* indeed, we feel a deep sense of obligation for his indefatigable endeavors to mitigate that Babel-penalty which falls so heavily upon the monoglottic M. D.,—but we are compelled to "go back on him" incontinently.

The fact is, the *mere reading* of these fifty-eight mortal pages of Tarantula has occasioned a symptom in us, namely: an "uneasiness in the legs," which is characteristic of all *spiders*, and *a desire to kick some one*, which isn't.

The fact that Homer nods entails a wide-armed charity upon all of woman born; but such a profound and vulgarly-snoring slumber as our good friend has been guilty of is too much for our fallible nature.

This "proving," (?) to which our many-tongued doctor has sacrificed fifty-eight octavo pages of a respectable journal, contains, combines and concentrates all the vices which can obtain in that well-marked symptom-bulimia which is pathognomonic of *mollites cerebri* in an unfortunate homœopath. Symptoms "cribbed" from the four quarters of the globe are "drafted" into service in sturdy defiance of all international law, and are withal so deftly disguised that it is sorely doubtful if their sorrowing progenitors could reclaim them with a double-barrelled *habeas corpus*. What wonder is it if *such* recruits desert on the first sight of the enemy! Verily, we homœopaths need add to our litany: "*From provings which are verba et præterea nihil*—DELIVER US!"

Alas for our objections! we are overwhelmed by testimony

* N. A. Journal of Homœopathy, Feb. 1872: pp. 387-444.

from an unexpected quarter—a certain *bulletin of homœopathic literature*, in which we find the following: "N. B.—In regard to the provings of "Tarantula," we would add that several of our physicians who used it during the last year speak in the highest terms of its value in *nervous disorders*." Pity it is, but "several of our physicians *who used it*" also "speak in the highest terms" of Lippe's *Sacch. alb.* The moral is that the clinical test is of value only when applied "with brains, sir." The hint is that "several of our physicians" should publish cases at once, resting assured that if they have "brains" the profession will find it out.

But, one would ask if this "N. B." was not written in view of a "notice" (of this identical "Tarantula") which may be found in the *British Journal of Homœopathy* for 1864? If so, it is a tacit acknowledgment of the validity of the objections to this "proving" urged therein. We submit, then, that these objections should have been fairly met and as fairly disposed of by Drs. Terry and Lilienthal before they inflicted upon us these fifty-eight octavo pages.

O astute reader! don't misunderstand our objections. *Tarantula Hispanica* undoubtedly deserves a legitimate proving; that it lacks just this is our only objection.

But here we have it *with nearly niue hundred symptoms*—God bless us, some folks can't be satisfied! Well, if Dr. Nunez were not a scholar; if he had not enjoyed access to sundry tomes of the 16th, 17th and 18th centuries, sure it is that he could not have stood as god-father to this *Tarantula* "proving." Research is admirable—it is a lamp which illumines the dark past—but the bookworm must give us the work and the page, and then we, too, can judge of and rightly estimate his data.

This Dr. Nunez has not done. He has ransacked the literature of *Tarantism*, and like a pillaging soldier, he bids us to accept his *loot* without asking any questions. From this source he has obtained by far the larger part of his "symptoms."

Of his twelve provers we can only say that they suffered and made no sign—we beg pardon—"a young girl of 15" establishes her identity on one or two occasions. This is his second source. The third and last is that *in morbis* bog wherein full many a goodly M. D. has been sadly mired.

With even such a questionable pathogenesis, we are asked to grapple with some of the most serious ailings to which flesh is heir. If the consequences of this "expectancy" affected the physician alone, it were a comparatively small evil; but if not, if we can only stamp these symptoms as spurious at the expense of life, *what then?*

We owe it to our science, to our patients, to ourselves, to scrutinize most closely the weaponry with which we are asked to go forth and meet the Great Destroyer; and having scrupulously tested our arms, having done our poor best, the *humanum est errare* (we are lower than the angels, you know) will mitigate our shortcomings.

In regard to the first source of these *quasi Tarantula* symptoms—the middle age records of Tarantism—it must be remembered that to ascribe the phenomena to the bite of the of the Tarantula is a *petitio principii.* Those who have most deeply investigated this question find in it one of the most profound psychological problems which the development of civilization has supplied, It has been shown that such a peculiar mental erethism obtained in those days as only needed the slightest excuse for such a somatic, and corporeal explosion as in the aggregate was called Tarantism. And when this mental erethism obtained the *bite of any insect* was fully as effectual in producing Tarantism as was the poison of the Apulian *Lycosa Tarantula.* Indeed, cases are on record wherein no bite whatever was necessary to evoke all the well-known phenomena of Tarantism; and it is curious that on these very occasions the dance of the Tarantati was fully as efficacious as in the instance of those who had undoubtedly been bitten by the spider.

It may be urged that with this peculiar mental erethism the poison of the Tarantula sufficed to produce the symptoms ascribed to it. In reply we may cite an observation of Heckar's, to wit: "That about the same time that Tarantism attained its greatest height in Italy, the bite of venomous spiders was more feared in distant parts of Asia, likewise, than it had ever been within the memory of man. There was this difference, however, that the symptoms supervening on the occurrence of this accident were not accompanied by the Apu-

lian nervous disorder, which, as has been shown in the foregoing pages, had its origin rather in the melancholic temperament of the inhabitants of the south of Italy than in the nature of the Tarantula poison itself."*

We will only add that, with such questionable antecedents, no "proving" has the right to demand that its character shall be established by the clinical test. We know that with all his learning and his cousummate skill in proving, Dr. Hering takes kindly to a remedy "delivered" to us by what he has humorously called a *breech presentation;* but we have yet to learn if he will endorse so flagrant a violation of a principle in proving which even Hahnemann himself did not observe so sacredly as Dr. Hering has ever done, to wit: *designating the sources from whence the symptoms are obtained.* Had Dr. Nunez given us references whenever he had availed himself of the pages of Perotti, Ferdinando, Baglivi, and the Celestine monk Ludovico Valetta, he had not only exercised that courtesy which one scholar expects of another, but had evinced that precision which science demands, and lacking which, she must demur. Had he done this much in regard to the literature of Tarantism, and also distinctly designated the symptoms derived *ab usu in morbis*, then would such symptoms as he got from his provers stand out with a value which at present they cannot claim; with such a value as would justify the clinical test.

If any do apply this test, let them be chary of drawing conclusions, unless they be well versed in the natural history of the ills for which they are led to prescribe Tarantula. We would not accept *five per cent.* of all the testimony which, based on this "proving," could be offered in regard to its efficacy in chorea and in hysteria.

At the same time, even this defective proving bears internal evidence of containing some truth; for instance: It has modalities which indicate it, (like the other spider-poisons,) in the hydrogenoid constitution. From this, alone, it is entitled to such a proving as shall shew its legitimate use.

S. A. JONES.

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* *Epidemics of the Middle Ages.* Syd. Society, p. 129.

Colleges, Societies, etc.

HOMŒOPATHY IN WASHINGTON, D. C.

To the Members of the American Institute of Homœopathy, and others:

The annual meeting of the American Institute of Homeopathy is fast approaching, and it may become the Homeopathic Medical Society of Washington to address a few words to their brothers in the country.

We have invited you to meet in Washington, because the interests of our science demand it. Questions of vital importance have been and are before the Congress of the United States, which will tend to dissipate the official prejudices and professional intolerance from which we have suffered so long. Although we have educated the intelligent classes to esteem homeopathy as a science among the sciences, and as a most beneficent system of therapeutics, we have only partially succeeded in obtaining the support of municipal and national governments.

The capital of the nation is the centre from which radiates the motive power of state affairs, and it is therefore here that you are called upon to assemble in the greatest number, to declare your will, to exhibit your strength, to demand respect.

Too small a nucleus is here to represent so great an interest; and although for years the few composing it have slept under arms, and have met and defeated vastly superior forces, we are but a few, and weariness may overtake even us, for we are but mortals. Let, then, every soldier of the homeopathic army buckle on his sword and come to the rescue. Let every one of us feel that he has a duty to perform, and let him come from the east and from the west, from the north and from the south, and gather under the flag that these "few" have unfurled in the capital.

We will treat you to "hard-tack," for we are but a few and poor, but with you we will divide and ask not for one crumb more. Come, and let your presence add lustre to the monuments of intelligence and heroism that have enriched the superb edifices of our capital. Let your voices be heard in the halls where great men have spoken. Our citizens will welcome you, and the balmy atmosphere of May days will greet you. Come, then, let no paltry excuse detain you at home; here is your duty, here are your friends.

TULLIO S. VERDI, M. D.,
President of the Washington Homœopathic Medical Society.

HAHNEMANN MEDICAL COLLEGE CHICAGO.

The twelfth annual commencement was held February 23d.

GRADUATES.

Adams, Charles.....*Illinois.*	Lewis, Emlen.....*Nebraska.*
Brown, E. F.....*Michigan.*	Lowrey, N. H. .....*Illinois.*
Button, H. P.....*Nebraska.*	Moore, S. A.....*Iowa.*
Cheek, Alex. M.....*Illinois.*	Munson, Clinton. ....*California.*
Carlson, D. W.. .....*Wisconsin.*	Mussina, E.. .....*Illinois.*
Cowell, Miss A. A.....*Illinois.*	Nelson, Peter.....*Illinois.*
Cowell, Miss L. A.....*Illinois.*	Peer, T. J.....*New York.*
Dal, Jacob. .....*Illinois.*	Sabin, R. C. .....*Wisconsin.*
Dodge, M. M... .....*Illinois.*	Smith, Ezra.....*Michigan.*
Fowler, S. M.....*Michigan.*	Stearnes, Miss L. E..*Illinois.*
Foster, H.....*Illinois.*	Spencer, F. W.....*Wisconsin.*
Hassell, S. E.....*Wisconsin.*	Taylor, Mrs. E. W.. .*Illinois.*
Herbert, J. B. B. S....*Illinois.*	Weis, J. Wm.....*Missouri.*
Hurlburt, Mrs. M.....*Wisconsin.*	Wessel. Henry.....*Iowa.*
Johnson, Mrs. M. N..*New York.*	Whitman, F. S.....*Illinois.*
Keeler, Horatio.....*Illinois.*	Young, John R.....*Iowa.*

ANNUAL MEETING MICHIGAN HOMŒOPATHIC INSTITUTE

The Institute convened at College Hall, in the city of Lansing, at 10 A. M., January 9, 1872, and was called to order by the President, B. F. Bailey, Jr., who made a short address, when the regular business was taken up

Minutes of preceding meeting read and approved.

Applications for membership were received ; and the Board of Censors not being all present, Dr. G. T. Rand was temporarily appointed Censor, when the following were examined for membership and voted in, viz : Drs. E. L. Roberts, T. L. Boyle, C. D. Harmon, W. R. Campbell, S. G. Longyear and I. G. Malcom.

The amendment to the constitution, submitted at the last meeting, striking out the word "Central," and accepting members from the whole State, was taken up, thoroughly discussed and unanimously adopted.

This makes the Society a State organization, under the title of "Michigan Homeopathic Institute," the name of the original State Society.

Dr. Malcom read a very able paper on "The selection of the remedy."

Dr. Baker made an able report on "The use of anæsthetics in obstetrics."

Dr. Hooper submitted a very able report on "Medical Education."

Dr. Fish also made an able report, showing the importance of the teaching of surgery and the other collateral sciences, to homeopathic students, by none but strictly homeopathic professors.

A free and thorough discussion of the subject of homeopathic medical education in the State was had, and upon a full hearing, all present determined to use their efforts to push forward to success the auspicious beginning made by the "Michigan Homeopathic College," at Lansing, to the end that the teaching of homeopathy shall be placed upon an equality before the law, with the present allopathic department of the State University.

The Institute then adjourned to meet at Owosso on the second Tuesday in April next.

The following were elected officers for the ensuing year, viz :

President—B. F. Bailey, Jr.
Vice-President—G. T. Rand.
Secretary—E. D. Burr.
Treasurer—DeForest Hunt.
Trustees—J. Hooper and J. R. Hyde.
Censors—F. B. Smith, G. T. Rand and C. P. Burch.

E. D. BURR, *Secretary*.

HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND, OHIO.

The 22nd annual commencement was held Feb. 14th.

GRADUATES.

A. J. Adams, A. B.,
M. J. Berby,
F. R. R. Berry,
C. T. Canfield, M. D.,
Harry E. Colton,
L. C. Crowell,
W. B. Doy,
Alfred Eddy,
John Elsenhauer,
Richard Epps, M. D.,
Edwin Gillard,
E. T. Goucher,
S. G. Graves,
J. O. Hanson,
S. J. Hill,
Mattie Hollett,
G. J. Jones,
U. S. Jynes,
C. A. Mills,
M. H. Mills,
A. J. S. Neville,
Henry Neville, M. A.,
George M. Oxford,
A. S. Parker,
N. D. Peck,
A. J. Packard, M. A.,
R. H. Y. Ramage,
G. W. Richter,
William Teegarden,
M. O. Terry,
H. C. Wells,
C. J. Woolcott.

MICHIGAN HOMŒOPATHIC COLLEGE, LANSING, MICHIGAN

GRADUATES.

Mrs. M. J. Bailey, *Lansing, Mich.*
W. C. Clemo, *Farmington, Mich.*
C. D. Harmon, *Laingsburg, Mich.*
J. H. Holland, *Louisville, Ky.*

Augustus F. Ferguson, *Okemos, Mich.* Wm. H. Hoffman, *Diamondale.*
J. P. Fuller, *Mason, Mich.* W. C. Russell, *Calamus, Iowa.*
Mrs. C. C. Wood, *Dowagiac, Mich.* Graduates, 9; Matriculants, 37.

OFFICERS OF THE COLLEGE FOR 1872–3.

President—Hon. A. N. HART, Lansing.
Secretary and Treasurer—DE FOREST HUNT, M. D., Grand Rapids.
Registrar—A. KNIGHT FRAIN, M. D., Lansing.

DETROIT HOMŒOPATHIC COLLEGE.

A good College not to go to.

There found its way into our P. O. drawer a red-covered pamphlet entitled *Announcement of the Detroit Homœopathic College, Detroit, Michigan, Session of 1872.* With the motives which have led to the establishing of this College we have nothing to do, nor will we stop to question the wisdom of a movement which thus inaugurates another doctor-factory. Perhaps we had already more than we ever properly supported; perhaps, also, the shortcomings of all the others are atoned for in this. Strange things do happen, now and then, and this may be one of those very happenings. However, having started a college, the Faculty follow a good old custom of showing their hand, or telling us what they mean to do, how they will do it, and who they will do it with; and by the way, this leads us to note a curious symptom, namely: the last college that sprouts out into an *Announcement* always manages to get possession of "the first man in the profession,"—in this way colleges resemble small town museums, every one of which possesses among its treasures "the club that killed Captain Cook." But this is neither here nor there, for our sole concern is with one very broad plank in the platform of this identical college to wit:

"The true law of medicine is that of homœopathy—that like cures like—that medicines cure diseases *similar* to those which they produce. This is a universal law of nature, and one of the greatest advantages resulting from it, next to its certainty and reliability, is that the *quantity* required, or *the dose*, may always be within the bounds of entire safety. It is due to this, in a great measure, that homœopathy has made such rapid and permanent conquests all over the world. *But it will be one of the objects of this College to instruct students against the exclusive high-dilution and infinitesimal nonsense which a few in our ranks would force upon it.*"

Now there is a pleasing ambiguity in this whole paragraph, which gives it the flavor of a third-rate conundrum; but as we were never good at guessing, we will take the will for the deed and suppose at once that it means something. Some may feel disposed to blame us for this; well, we can't help it; we always were liberal. One thing, however, is pretty sure, namely: students will be "instructed against" *nonsense:* "the exclusive high-dilution and infinitesimal nonsense." What that exactly is we are

obliged to say we do not know—something dreadful it must be, or surely a whole Faculty wouldn't "go for it," regardless of expense. However, we are in justice bound to commend the frankness of the Faculty, as it is evinced by the boldness and bluntness of this avowal. Their liberal minds have outgrown that weakness which leads other colleges to subscribe to St. Augustine's *in dubiis libertas.* They declare their intention to "instruct against" a posology which requires only well-developed anterior lobes for its acceptance. And what is even more charming is the irresistible corollory that they forsooth will not leave the student to his own independent thought; they will not inculcate that catholic spirit which earnestly, humbly and honestly seeks to "prove all things." No, they have their narrow mould ready, and beyond its prescribed dimensions no student-mind must dare to expand.

A design of this nature might be entertained by a set of needy adventuturers, but that low cunning which characterizes such folk would most surely lead them to keep it secret. That this Faculty should make this damning avowal so openly, so needlessly, so suicidally, presents us with this dilemma: either fools, or drunk. The latter horn would seem to be indicated by the apothegm, *In vino veritas*, for who but the thoroughly *corned* could boast of such a dastardly design upon the catholicity of science? But, satisfactory as this hypothesis appears, we dare not accept it, because on page 10 of the *Announcement* we find this: "*The Faculty were selected with special reference to sobriety!*" Thus do their own words force us to accept the most uncomplimentary horn of this most unpleasant dilemma. We are free to confess that we accept this evidence reluctantly. We have read the whole *Announcement* thrice through, in the hope of finding rebutting testimony, and each reading only intensified a disappointment which is not mitigated by the conviction that every careful reader of the same document will share it with us.

In view of the situation, we commiserate the good people of Michigan; but in this very dispensation they can see the Nemesis of injured Right, for of all the evils which have ensued from their not enforcing the act of '55, surely this college is the chief. However, as they are more than half to blame, we find our warmest sympathy given to our poor unfortunate school, for in its name is erected a college which, before a student has sat on its benches, openly avows its intention to bias the minds of its matriculants. But, alas! the "run" upon our better feelings does not end even here; for beyond the people of Michigan, and even beyond the infliction of this college, remain the unhappy students whom cruel Fate may ordain to graduate therein. The picture grows too harrowing, let us drop the curtain.

S. A. JONES.

P. S.—The writer has no connection with any college at present, and does not purpose becoming attached to any in the future. This explanation will place him above the suspicion of writing in the interest of any institution. For the sentiments above expressed he alone is responsible.

As this journal is independent in everything, its pages are open to all who may differ with its contributors, either editorial or otherwise. If, therefore, any, or all, of the above Faculty can explain away the dilemma which the *Announcement* has forced upon us, I trust they will do so. But even then one tithe of the inseparable and valid objections to their existence as a "Faculty" are not met, and I shall be glad to write far plainer for their benefit and that of the whole homœopathic profession. S.A.J.

Our colleague, Dr. Jones has only noticed one or two features of this remarkable announcement. If we had space to spare we should point out some others which are equally obnoxious. We now merely refer to :

1. While attempting to secure recognition as the homœopathic branch of the University, it does not meet with the support of *five per cent.* of the homœopathic physicians of the State.

2. It does not give any evidence of possessing authority to confer any degrees whatever.

3. It publishes the most fulsome laudations of its professors, when it is well known that its faculty includes physicians of doubtful standing.

(a.) Prof. (?) Spinney, who advertises that he can *read diseases by simply looking at the patient;* advertises ague pills and syrups, and issues false certificates, etc.

(b.) Prof. Younghusband, of whom the announcement says "It is no boasting to say that in the *knowledge* and *qualities* which '*makes*' the true physician, he has few superiors."

We have before us a statement which the writer offers to make oath to, that he has knowledge that Dr. Y. was in St. Thomas, Canada, a school teacher, never pretending to be a physician ; leaving there he came to Mt. Clemens, Michigan, *and immediately announced himself as an M. D.* This writer avers that Dr. Y. never attended medical lectures in any college ! Is this correct ? We will publish the whole statement, if Dr. Y. requests it, and the name of the writer is at Dr. Y.'s service. Space is also offered to Dr. Y. to vindicate himself in these particulars. He is challenged by this writer to show that he (Dr. Y.) ever attended a course of medical lectures in any institution ! Here is a direct issue. The announcement declares it is no boasting to say that in the *knowledge* and *qualities* which "*makes*" the true physician, he (Dr. Y.) "has few superiors;" and a physician who has known Dr. Y. intimately for many years, avers that Dr. Y. never received a medical education in the regular way (by attendance upon prescribed courses of lectures and passing usual examinations). E.A.L.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL FAIR.—By a unanimous vote, at a joint meeting of the Managers of the Ladies Aid Association and the Board of Trustees of the Hospital, it has been decided to hold a Public Fair for the purpose, in Boston, in April, 1872. At the Music Hall, commencing on Monday evening, April 15, and continuing till Saturday, April 27, 1872.

The sudden increase of interest iu homœopathy, renders this a peculiarly auspicious time for such a movement, and our friends everywhere are invited to unite with us in our efforts to enlarge and endow a great public charity ; and to provide—what is so much needed—suitable hospital accommodations under homœopathic treatment for those who desire it.

The executive committee will be at Wesleyan Hall, 36 Bromfield street, Boston, on Thursdays, between 11 and 12 o'clock, and invite all persons interested in the fair to meet them there.

Any written inquiry or communication may be addressed to the Secretary of the Executive Committee, No. 19 Mount Vernon Street, Boston.

Laugh Cure.

A merry heart doeth good like a medicine."—PROVERBS OF SOLOMON.

WIT AND HUMOR.—Dr. Moriarty says: "Wit and humor, though closely allied, have yet important points of difference. It is a good definition which says, 'Humor is wit and love,' at any rate I am sure that the best humor is that which contains the most humanity, and which is flavored throughout with tenderness and kindness. It is possible for wit to flow entirely from the head, while the heart remains cold, callous and scornful; but humor must have heart as well as head, and cannot dwell in an icy, cynical bosom."

SEA WATER.—A naval surgeon, who used to prescribe salt water for his patients in all disorders, happened to be drowned one evening. Next day the captain, coming on board, inquired for the doctor, and was coolly told by a sailor that "he was drowned last night in his medicine chest."

QUICKLY.—H. Quickly, of Dover, Pa., died recently, aged 106 years. His name did not correspond with his taking off.

THERE BEFORE.—In a German city, where it is the custom, when anybody is dead, to cover the bell handle with black cloth, a celebrated physician one day was going to ring at the door of a house where the bell handle was so covered,—either to visit the relations of the deceased, or another patient,—somebody passing by called to him: "*Stop, doctor you are wrong, you have been there before.*"

SERVICEABLE.—Walpole tells a whimsical story relating to the great Duke of Marlborough. The Duchess was pressing the Duke to take a medicine; and, with her usual warmth, said: "I'll be hanged if it do not prove serviceable." Dr. Garth, who was present, exclaimed, "Do take it. then, my Lord-Duke, for it must be of service in one way or the other."

LORD BYRON relates: "When, in 1810, after the departure of my friend Mr. H. for England, I was seized with a severe fever, in the Morea; these men saved my life by *frightening away my physician*, whose throat they threatened to cut if I was not cured within a given time. To this consolatory assurance of posthumous retribution, and a resolute refusal of Dr. Romanelli's prescription, I attributed my recovery. I had left my last remaining English servant at Athens, my dragoman was as ill as myself, and my poor Arnaouts nursed me with an attention which would have done honor to civilization."

TOBACCO.—Another venerable Virginian, of the colored persuasion, has fallen a victim to the poisonous influences of tobacco. He smoked and chewed for one hundred and ten years, and was cut off (fine-cut) in his prime, at one hundred and eighteen.

STILL FURTHER COMMENDATIONS.—The following have been received from our readers :

"Herein find my subscription. There is no paper that I read with more pleasure than the *American Observer*. It is liberal, as all professions should be ; it is not wedded to 'isms,' which are always contracting in their scope. It is a *medical* paper in its widest sense. Let us hope that our literature, heretofore narrowed within a small circle, will take the key from it and launch out in a truly scientific and liberal manner."

"The steady improvement in the *Observer* from year to year, both in matter and style, pleases me. With best wishes for your continued usefulness in our good cause. I remain as ever, etc."

"Please accept ($4) four dollars, and continue to send me the *Observer*, and receive the thanks of a grateful heart for your kind forbearance with me, also many thanks for the useful and practical reading of the *Observer*, of which I hope to be a continued reader."

"Those who have known the *American Observer* best and longest, are those who appreciate it most highly. With best wishes for all its workers, &c.

"I take seven medical magazines, but with the exception of the *British Journal*, the *American Observer* is my favorite."

"I like the *Observer* the best of any medical journal with which I am acquainted."

"Am glad to noted the increase prosperity of the *Observer*. I like especially your selections from the English periodicals."

"I have been a subscriber from the beginning, have found many valuable suggestions in it, and would not like to do without it."

"My health is in such a condition that it is extremely doubtful whether I practice much longer, and therefore decline taking the *American Observer* another year. It is with deep regret that I discontinue your invaluable journal, for it has been my regular visitor every month for eight successive years, which makes it seem like parting with a dear, old, long-tried friend. May it continue the *power* it has now become in our profession."

"I think that I have always paid for my medical journals within the time of advance payment, as I always feel that the editor and printer deserve their pay for services as well as I do for mine, and it always gives me much pleasure in perusing the result of their efforts. I take seven regularly, and yours ranks well with the list."

"Having taken and read the *Observer* from its start, we are the more unwilling to drop it. Its increasing size and talent also increase its value to the practitioner."

FROM NEW BRUNSWICK.—Dr. John McDonald writes : "I have every number of the *Observer*, and consider them an invaluable addition to my library. From every number I obtain some information which I turn to good account practically, and feel pleased to see it this year increasing in size. May your subscription list be greatly enlarged, and long may you live to edit the *Observer*, and may great success attend your efforts in making converts, &c."

"I like your journal very much, and would not do without it, as there is a great deal of useful information cantained in its pages."

Cincinnati Journal of Commerce and Western World says : "The *American Homœopathic Observer* is the best and most widely circulated homeopathic journal in America. It begins the new year in a new dress, type and all, in which it appears to very decided advantage. It is a monthly of 52 pages, and has a large circle of contributors in all branches of the practice."

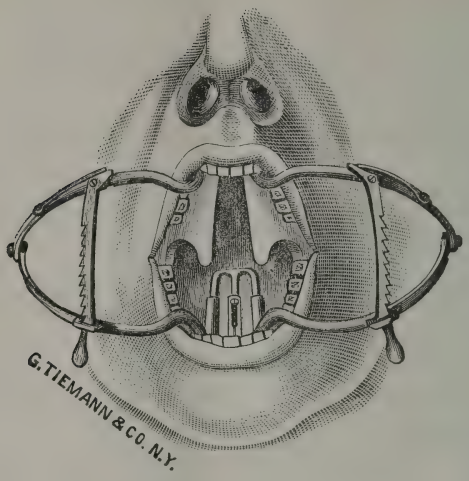


Fig. 1.

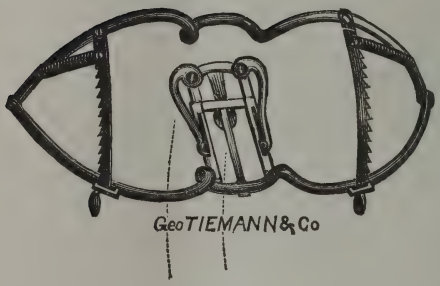


Fig. 2.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

OPERATION FOR CLEFT PALATE.

BY WM. R. WHITEHEAD, M. D., NEW YORK.

[The following little "brochure" has been prepared by me, for Messrs. Stohlmann and Pfarre, the worthy successors of George Tiemann, and for many years his exceedingly efficient co-partners. It has been written at their request, and is intended to give a brief description of the instruments most needed in operating for cleft palate, or of such as are contained in a case which they have made for me. Some of these instruments are used by Drs. Sims and Emmet in operations on the vagina. Others, to suit the wants and convenience of the different surgeons, may be added so as to form a very compact case for plastic operations generally.

W. R. W.]

Fig. 1 represents a new mouth Speculum, used by Dr. Whitehead. It is serviceable in many operations about the mouth and throat; but particularly well suited to the operation for cleft palate, while the patient is under the influence of ether. This Speculum is provided with a sliding tongue-depressor, which adapts it to different patients, and has two stout ratchets, kept in position either by a spiral spring or slightly curved piece of steel, which presses on the upper end of the ratchet.

It is sometimes necessary to wrap a piece of soft yarn around the part of the wire which presses on the gum, whenever the instrument is used for an operation. The speculum or gag is nickle-plated, to protect it from rust and injury by acids.

For a description of this gag, and a recent modification of it, see the "American Journal of the Medical Sciences," July, 1871.

But *Fig. 2* shows a still later improvement, by which the tongue-depressor can be not only depressed or elevated, length-

ened or shortened; but it can also be made narrower or wider, at will, by means of a peculiar adjustment shown in the figure.

Fig. 3.

Fig. 3 illustrates forceps with which the palato-pharyngeus and palato-glossus muscles may be seized previous to their division with long curved scissors such as represented at *Fig. 4.* These forceps embrace the muscle and do not permit it to escape.

Fig. 4.

Fig. 5.

Fig. 5 represents knives useful for cutting the levator palati muscles, and for dividing at the same time the *rather thick muco-periosteal membrane lining the lower part of the internal pterygoid plate.*

These knives are also used for paring the edges of a cleft palate—and are much preferable to Furgusson's or Langenbeck's for dividing the levator palati muscle.

Fig. 6.

The above instrument shows Sims' tenaculum, which is useful for pulling the velum aside, holding the edges of the flaps, catching the thread used for passing silver wire, also for holding the wire in approximating the edges and for other purposes.

To a certain extent this tenaculum replaces the finger and is exceedingly serviceable, especially in the operation for vesico-vaginal fistula.

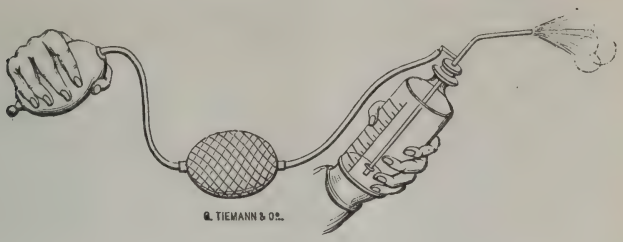


Fig. 7.

Richardson's Spray Instrument with an extra tube, and ½ dozen sponge-holders, with small pieces of sponge securely fastened to them are necessary to clear the throat of blood.

Fig. 8.

The instrument shown at *Fig. 8* is designed for making deep cuts through the muco-periosteal tissue of the gum and along the side of the teeth. When it is necessary to close a cleft of the hard palate at the same time that staphyloraphy is required, and such is most frequently the case, it would be well to recall to mind the peculiar distribution of the arteries of the roof of the mouth :—At the junction of the horizontal plates of the maxilla and palate bones with the alveolar process, there is a groove in which courses the superior palatine artery. This artery, which is of considerable size, emerges from the orifice of the posterior palatine canal, and after running along in the groove ascends through the anterior palatine canal, anastomosing with its congener and the naso-palatine. Some small branches, which emerge from the accessory palatine canals, contribute to nourish the velum. The proper distribution of the incisions and the protection of the arteries from injury, insure the nutrition of the muco-periosteal tissues, with which a cleft in the hard palate is closed by sliding them together at the middle line.

[See Trans. Am. Med. Asso., Vol. XX. 1869. Also American Journal Medical Seience, Oct. 1867. Also the Medical Gazette, June 25th, 1870.]

The German method of detaching the muco-periosteal membrane seems not to have been understood in England, although Pollock resorted to the same form of incisions.

Among English surgeons Mr. T. Smith, of London, so late as January 1868, reported 11 cases of cleft palate upon which he had operated, and stated that "no operation had been attempted on the hard palate, though in nine of the cases the deformity involved the bony palate to a greater or less degree." See American Journal Medical Science, April, 1868.

By closing the cleft in the hard palate, there is, below the age of twenty a fair prospect of having a formation of new bone which closes the deformity in the palatine vault. This has been observed in some of Dr. Whitehead's cases.

Fig. 9.

The above instrument, shaped like a hoe and having a cutting edge, is useful in dividing the muco-periosteal membrane along the edges of a cleft of the hard palate, and also for *dividing the tendinous insertion of the palate muscles along the posterior border of the cleft palate bones.*

Fig. 10.

Fig. 10 represents Dr. L. A. Sayre's instrument for detaching the periosteum in operations about the hip-joint and elsewhere, and is a capital instrument for detaching the muco-periosteal membrane in an operation for cleft palate. This is a heavy, solid steel instrument resembling somewhat an oyster-knife and is represented half size.

The needle-holder which Roux used for Staphyloraphy was a good instrument, but as attention began to be directed to cleft palate, one of the apparently most difficult steps of the

operation was the passage of the sutures. Numerous instruments were devised, and the instrument of Depierris was probably the most ingenious ever conceived. It is said to have given the idea of the sewing-machine, and indeed one can readily believe such to have been the case on inspecting the instrument. The difficulties of passing the suture are not so great as some might suppose, and so complicated an instrument as that used by Depierris is not required. Standing in front of the patient is not the easiest way to pass the sutures.

There are a number of little simple details which make up the success of many operations generally considered difficult; the position of the patient and the attitude of the operator, the substitution of a simple instrument, and a simple manner of using it for a complicated piece of mechanism. This is fully exemplified by the position in which Dr. Sims places his patients for operations on the vagina and by the use of his exceedingly simple Speculum.

Fig. 11.

Fig. 11 represents an excellent needle. It is spiral and has an eye near the point, and when used, the operator should stand behind the patient, and bending over him, pass the sutures from right to left, the thread being looped and the two free end hanging out of the eye on the convex side. When the point of the needle has transpierced the left flap, Dr. Sims' tenaculum represented at *Fig. 6* is used to pull out the two free ends of the thread.

The needle is then disengaged and silver wire drawn through on the looped thread.

A spiral canulated needle of the same shape may be used by those who prefer it with either silver wire or horse hair. But the other needle is stronger and preferred by Dr. Whitehead, who uses three different sizes.

Fig. 12.

Fig. 13.

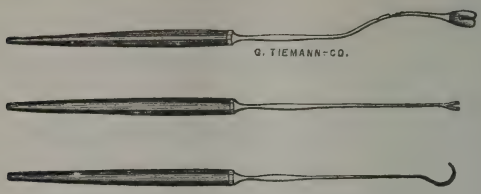


Fig. 14.

Figs. 12, 13 and *14* are instruments used by Dr. Sims, for twisting silver wire in the operation for vesico-vaginal fistula, and useful in the operation for cleft palate.

A whalebone probe is required for stuffing into the sides bits of cotton, which keep them from healing too soon, and press the edges of the flaps together. A small pair of forceps for removing the cotton from the side cuts will also be found serviceable.

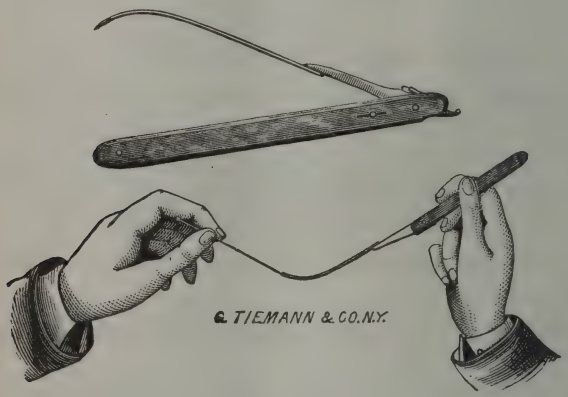


Fig. 15.

The above is a drawing of Dr. Gurdon Buck's needle for passing hare-lip pins, and on account of the frequency of hare-lip attending cleft palate, this needle will appropriately find a place in this case, which contains most of the instruments necessary for an operation of vesico-vaginal fistula.

A pair of stout straight scissors about the size of those generally contained in a pocket case might be added. They will be useful in cutting thread and wire, and in the operation for hare-lip, in thoroughly detaching the lip from the gum. This is a precaution that Dr. Buck insists upon in operations on the lips; and it is an excellent rule to use, as he does, soft cotton yarn for twisting around the pins, instead of thread. The yarn soaks up the water readily and may be renewed each day, and thus relieve a certain degree of strangulation of the parts, which otherwise would be too long continued.

A narrow sharp-pointed bistoury for paring the edges of a cleft lip should be contained in this case.

ABUSE OF THE SPECULUM—TINKERING THE UTERUS.—On several occasions we have entered upon the pages of this journal our protest against the habitual or empirical use of the speculum, and the reckless and indiscriminate cauterizing, scarification, and slitting of the os uteri. For this we have been criticised, if not censured, by individuals who failed to appreciate our objections as applicable to the abuse of certain means, and not the proper use. All that we have ever said on this point is more than sustained by Dr. Storer and other members of the Gynæcological Society of Boston. In the course of a discussion (see *Journal* for July), Dr. Storer remarked upon patients constantly falling into his hands with more or less complete obliteration of the vagina—from the careless employment of nitrate of silver—the constant and indiscriminate use of vaginal pessaries—the mangling of the cervix by surgical procedures in displacements with sterility or dysmenorrhœa. Dr. Blake went even further, in declaring that he had never seen any benefit from incising the cervix for dysmenorrhea, even when dilatation was subsequently kept up. Dr. Warren had repeatedly incised the cervix for mechanical dysmenorrhœa, but had never seen any benefit, even when the canal remained very patulous. This is even further than we have ever gone, and further than we are prepared to go.—*Pacific Medical and Surgical Journal.*

Clinical Observations.

W. S. SEARLE, A.M., M. D., BROOKLYN, N. Y., EDITOR.

STICTA PULMONARIA IN RHEUMATISM AND RHEUMATIC HYDRARTHUS.

BY E. C. PRICE, M. D., BALTIMORE, MD.

I have used *Sticta* in rheumatism very extensively for the past three or four years. I find it most useful in those cases, where, in connection with the larger joints, the small ones are also involved. It matters not whether the fingers and toes, there is swelling, heat, and circumscribed *redness* of the joints. The redness appears to be peculiar; it is a little paler than the circumscribed redness of one cheek so characteristic of *Chamomilla*. Like *Bryonia*, it has aggravation by motion.

It appears to me that *Sticta* rheumatism is more acute than that requiring *Caulophyllum*. I have been generally disappointed in using the latter remedy, unless the disease was of a chronic nature and attended with painful stiffness of the fingers when closing the hands; or *drawing* pains. In *Sticta* rheumamatism there is also stiffness of the fingers, for they cannot be closed. I have also been disappointed in using the famous *Apocynum androsemifolium*, except in a few cases of the rheumatism of the feet, attended with intense *burning* pains.

It has certainly been my lot to see an unusually large number of cases of rheumatism followed by dropsical effusion into the knee-joints, or else my colleagues have overlooked this complication. For its removal I formerly relied on the use of *Sulph.* Sometimes I was obliged to follow it by *Calcarea, Mercur.* or *Jodium.* I considered the patient fortunate if he got rid of it in a week. In one case where I could not keep

the patient from following his usual employment (a farm hand), as soon as he begun to improve, it lingered three months.

Nearly three years ago I was called to see a boy about 7 or 8 years old, with a very severe attack of rheumatism. He had had a severe attack a year before, followed by hypertrophy and valvular disease of the heart. The disease affected his knee, ankle, toes, wrist and fingers. Gave *Aconite* and *Sulphur*. The second day I discovered a large collection of water in the knee-joint; patient no better. Gave *Sticta* 10 drops *1st* dilution in half a glass of water; teaspoonful every hour, intending, as soon as the acute symptoms were relieved, to give *Sulphur* again to absorb the fluid. To my surprise, in twenty-four hours the fluid was nearly gone. In twenty-four hours more it was entirely absorbed. I only attended him nine days, when his rheumatism was well. The winter before he was under the care of three different homœopathic physicians (who "always stuck to the old remedies,") about four months.

I have used *Sticta* in a great many cases since; it is now the first remedy that I think of; its action is more prompt than that of any remedy that I had previously used, and seldom needs the aid of any other remedy. I suppose I have treated two or three dozen cases of effusion into the knee-joint with it.

A few weeks ago I had a case where it seemed slow to act. After waiting four days, I gave *Sulphur* alone for two days, but without improvement. I then alternated *Sulphur* and *Sticta;* improvement began at once. The pains in this case were very excruciating. In fourteen days I dismissed the patient.

A few days afterward I had another patient with the same disease; this case was confined to the right knee. She had a very severe attack of rheumatism several years ago, and thought the right knee had been a little swollen ever since. I was extremely anxious to cure this patient promptly, and owing to the previous chronic affection of the knee, I did not wait for the action of *Sticta* alone, but alternated with *Sulphur* at once. Three or four days' treatment was all that was required.

BURNS AND SCALDS,—CLINICAL CASE.

BY J. J. LITTLEFIELD, M. D., FAIRFIELD CENTRE, IND.

Some two months ago, I was called to see Miss Mary Eckhart, æt. 14, who had been scalded by spilling hot water upon her person. The wound extended from the hips to the feet, so that the cuticle peeled off in removing her garments. The thighs and legs were one extensive blister, excepting one small patch on each knee. Behind each knee and on the calves, the subcutaneous tissues were deeply scalded. I first saw her 48 hours after the accident, and then learned that rigors and partial collapse followed the accident, but her parents administered cordials and applied olive oil with cotton wool. She did not complain, neither did the parents become alarmed until reaction began to take place, when she was seized with convulsions, and became comatose, in which state I found her.

I at once administered 20 drops of *Gelseminum 1st*, and repeated every 20 minutes, until some five or six doses had been given. In the meantime I dressed the burned surface with the following: glycero-carbolic acid, *saturate* one ounce; simple cerate, four ounces; bismuth sub-nit., one and a half ounces; mixed and spread on linen, and the entire burned surface covered with this dressing. In about two hours from the time I commenced treatment she all at once came to herself and recognized friends around her. She was then suddenly seized with severe pain of the hypogastrium, which was promptly dissipated by hot fomentations to the abdomen, after which she never complained of a pain. No other dressing or treatment was used. In nine days from the time she received the burns she was able to attend a camp-meeting at some distance. It has fallen to me to administer to the excruciating sufferings of quite a large number of persons thus unfortunate, and in every instance where I have used it, the above treatment has given most prompt relief and a speedy cure. I have used this treatment in instances of severe burns, and have not been disappointed with it. Each agent meets a most important indication. The *Gelseminum* in controlling the reflex action of the

cerebro-spinal system, the carbolic acid as a local anæsthetic to the wounded peripheral nerves, and the bismuth with the cerate, a most soothing covering for the denuded surface, under which granulation and cutis formation goes on most rapidly.

CLINIC OF THE BROOKLYN HOMŒOPATHIC EYE AND EAR INFIRMARY.

BY W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y.

KERATO-IRITIS.

Nov. 17th, 1871, Miles Conolly æt. 54, since two weeks has had pain in the left eye. Examination by oblique illumination shows inflammation of the cornea and iris. Denies syphilis. Skin moist and dirty white, with bad breath. Bowels costive. ℞ Instillation of *Atropia sulph.* 4 grs to the ℥, and *Mercurius sol.* every 2 hours.

Nov. 21st, Iritis diminished; pupil irregularly dilated on account of adhesions to the lens capsule (posterior synechiæ). Choroid and retina also inflamed. Field of vision complete, but objects look cloudy. Vision 20/100. ℞ *Mercurius cor. 3*, altermately, with *Veratrum viride θ* every 2 hours.

Nov. 22d, Better. ℞ *Mercurius cor. 3* every 3 hours.

Nov. 23d, Very much better. Vitreous nearly clear; synechiæ remain. ℞ *Mercurius cor. 3* every 4 hours.

Nov. 24th, Congestive headache. ℞ *Mercuuius cor. 3* alterternately with *Cactus.*

December 1st, Synechiæ gone; eye better in all respects. Exostosis begining on right temple. Vision 20/20. Fundus clear. ℞ *Kali iodid.* 5 grs 3 times daily.

Dec. 10th, Discharged cured.

RETINITIS.

November 29th, 1871.—Eleanor Ferguson, æt. 52, since three weeks has had pain and cloudy vision in left eye. Vision, 20/100, slighly hyperopic; much aching pain in left temple, espacially at night. Pupil moderately dilated and immoveable. Lids show miliary trachoma acuta. ℞ *Cactus 3* and alternate *Mercurius sol. 3* every 2 hours.

Dec. 1st—Very much better. Conjunctival injection less;

no headache; no pain in the eye; pupil normal and moveable. ℞ Same.

Dec. 6th.—Better. Still considerable hyperæmia of the retina. Photophobia. Now says she got cold by getting wet. ℞ *Pulsatilla 3; Cactus 3*, every 2 hours.

Dec. 8th.—No pain; some photophobia; retina quite clear. Vision 20/20. ℞ *Pulsatilla 30; Conium 30*, every 2 hours. Did not return.

ACUTE AURAL CATARRH.

Dec. 3d, 1871.—Annie Sweeney, æt. 20, since one week has had pain in the right ear, especially at night. No discharge Membrana tympani much clouded, and handle of malleus injected. Hearing distance, 8 inches; (normal for my watch, 3 feet). Eustachian tube closed and impervious to Politzer's air-douche; catheter + to 15 inches. ℞ *Aconite 3; Pulsatilla 3*, every 2 hours.

Dec. 4th.—Was relieved at first, but had severe pain all night. Catheter +. ℞ *Belladonna 3; Pulsatilla 3*, every 2 hours.

Dec. 5th.—Much better; no pain. Catheter used again. ℞ *Pulsatilla 3*, every 2 hours.

Dec. 7th.—More pain. It extends from the ear down outside of the throat. Tongue trembles when protruded. ℞ *Lachesis 30* every 2 hours.

Dec. 9th.—Reports well.

PUSTULAR KERATITIS.

Dec. 11th, 1871.—Alice R. Drake, æt. 16 months, a pale, puny, miserable child, has had pustular keratitis since one week. Stools loose, watery, green, painless. Has tinea capitis and eczema behind auricles, smelling offensively. Photophobia excessive. ℞ *Graphites 3* every 3 hours.

Dec. 13th.—Better. Keeps eye open; bowels better; loose cough. ℞ *Hepar. 30; Graphites 30.*

Dec. 15th.—About the same. Fresh crop of vesicles on head and behind the ears. Enlarged glands. ℞ *Rhus tox. 30* every 3 hours.

Dec. 18th.—Better. ℞ *Sulphur 30* three times a day.

Dec. 21st.—About the same. Bowels costive—fetid stools. ℞ *Graphites 30* three times a day.

January 3d.—Well, except the pustule on the cornea. ℞ *Spigelia 3* every 3 hours.

Jan. 10th.—Nearly well.

Jan. 15th.—Nothing remains of the pustule except a small nebula. ℞ *Calcarea carb. 30* three times a day.

PUSTULAR KERATITIS.

Dec. 20th, 1871.—Gotlieb Seeley, æt. 44, a stout German, has pustular and diffuse keratitis since three weeks in the left eye. Complains of pricking in the eye from front to back, and also of sensation as of sand in the eye. Considerable conjunctival inflammation. Pupil contracted. Some left temporal ache. ℞ Instil. *Atropia*, *Sulphur* and *Spigelia 3* every two hours.

Dec. 21st.—Very much better, keratitis diffusa nearly gone; pustule smaller. ℞ *Spigelia 3* three times a day.

Dec. 28th.—Nearly well in all respects. ℞ *Spigelia 3* three times a day.

Jan. 6th.—Small and faint nebula alone remains, with some conjunctival inflammation.

Jan. 13th.—Right eye now shows keratitis marginalis. Complains of photophobia, and feels better in cool air. ℞ *Bell. 3 Pulsatilla 3* every two hours.

Jan. 16th.—Better. ℞ Same.

Jan. 20th.—Better. ℞ *Sulphur 30*, thee times a day.

Jan. 27th.—There remains only conjunctival hyperæmia. ℞ *Arg. nit.*, 5 gr. solution, applied locally.

Feb. 2d.—Reports well.

REMARKS.—The case of kerato-iritis was probably syphilitic, although no condylomata could be seen upon the surface of the iris. The instillation of *Atropine* was practised in this case for several reasons. 1. To prevent adhesions between the capsule and the iris, or rather to rupture them, as they had already formed. 2. To keep the inflamed muscle quiet, and thus favor cure. 3. For its anodyne effect. 4. It does no harm.

Apropos of acute aural catarrh, every practitioner should read the work of Von Troltsch, on the ear; for proper treatment of its diseases is very closely related to accurate diagnosis.

The two cases of pustular keratitis exhibit in a marked manner the superiority of homœopathic treatment over that of the best allopathic oculists; such cases frequently last them for months.

The case of Alice Drake, it is true, was somewhat tedious, but no sooner had her constitutional dyscrasia been removed than the keratitis yielded rapidly to *Spigelia*. I have found this remedy almost a specific for this form of keratitis; always so when accompanied by the darting pain from the front to the back of the eye and head.

HYDATID MOLE.

BY D. SPRINGSTEED, M. D., ALBANY, N. Y.

Mrs. F., æt. 21, has been married three years, without children. Menses ceased August 24th, 1871. Had a muco-watery discharge some time previous, and it continued through the time of her supposed pregnancy. Her breasts were not enlarged, neither did she notice any difference in their appearance. The abdomen was enlarged, and she had sickness of the stomach; vomited in the afternoon and evening. Her general health was good. On the 22d of January last she was frightened, and at 1 o'clock A. M. on the 24th (five months after the last appearance of the menses), she commenced flowing blood and water, and supposed she was about to miscarry.

I arrived about two hours and a half after the flowing commenced. Although there were no decided labor pains, I made an examination per vagina, found the os somewhat dilated, and found a soft mass protruding, and feared I had a case of placenta prævia. The mass continued to come away without any regular pain but a steady contraction, and very little flowing. It was expelled about 4 o'clock A. M. On examination, it proved to be a well developed case of hydatid mole, or cystic degeneration of the chorion. Some of the cysts were quite large and contained nearly an ounce of fluid, clear and inodorous. The largest portion of it, however, was made up of small cysts strung together. A considerable portion of the chorion was still perfect, and was probably the part first felt, which led me to suspect placenta prævia. The weight of it was 5 lbs.

and 8 ozs., and would probably have been much more before its expulsion and the rupture of the cysts. About three or four days after milk appeared in the breasts, which seems to prove that conception had originally taken place, and that the product was blighted by some unknown cause, and that the chorion through its uterine connections had continued to supply the necessary blood to nourish it. Some authors doubt its being the result of conception; the secretion of milk, however, is every proof of it, and recent authors so consider it.

AN ANOMALOUS CASE, AND ITS RAPID CURE BY SANTONINE.

BY E. M. HALE, M. D., CHICAGO, ILL.

About the 1st of January, a young woman, married about a year, applied to me for relief of the following symptoms, namely: Every day, about 10 A. M., a distressing sensation of *sinking*, *faintness*, and weakness at the pit of the stomach, accompanied with *vertigo*, staggering gait, *flushed face*, with *paleness about the nose and mouth;* great *sadness*, *uncontrollable paroxysms of weeping;* urine depositing a copious white sediment, abounding in the triple phosphates.

These symptoms had appeared shortly after the last menstrual period, which had been much less in quantity than usual. She has since missed one menstrual period. Thinking it possible that the menses had been suppressed, I gave *Sepia* a week without result; then *Pulsatilla*, *Ignatia*, *Digitalis* and *Platinum*, but none, except *Ignatia*, gave even temporary relief.

After four weeks treatment she was no better. One day she remarked that when a child she was greatly troubled with worms. It occurred to me that the symptoms might be caused by parasites. I gave *Cina*, a few drops without result; then *Santonine* 5 grs. 1/10, before each meal. The first dose caused a great commotion; a writhing, rolling sensation in the stomach. The second dose also caused the same symptoms, lasting for several hours. Afterwards all the symptoms disappeared, and she feels quite well. I suppose she is pregnant.

Reviews, Book Notices, Etc.

THE FUTURE OF HOMŒOPATHY.

ADDRESS OF W. H. WATSON, M. D., OF UTICA, N. Y.

The followiug address on "The Homœopathic School, the Modern School of Rational and Liberal Medicine of the Future," was delivered before the Homœopathic Medical Socieiy of the State of New York, at the meeting in Albany, recently, by Dr. WILLIAM H. WATSON, of Utica. He said:

"At the close of an address, which as President of this society, I had the honor of delivering before it on February 9, 1869, I used the following words: 'Let us seek to make our school at once, broad, catholic, and comprehensive; to such an extent that liberal-minded and educated physicians of all shades of views, assenting only to the therapeutic maxim, 'similia similibus curantur,' as the guide in selecting the appropriate drug for specifically impressing diseased tissues, and regarding this as the only manner in which we can attain the power of curing disease by medicines, may be welcomed in its ranks. Let bigotry and intolerance find no abode among us; they have no place in the realm of science. While we may differ with the practitioners of allopathy, we should treat them neither with bigotry or intolerance, nor with contempt; but, rather with that chivalric courtesy which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, 'in certis unitas, in dubiis libertas, in omnibus charitas.'"

"On the 8th of June, 1870, in an address on 'Liberty of Opinion and Action; a Vital Necessity and a Great Responsibility,' before the American Institute of Homœopathy, then in session at Chicago, a distinguished member of this society, Dr. Carroll Dunham, than whom no truer, more conscientious, able or eloquent champion of homœopathy lives in this or any other land, gave utterance to the following liberal sentiments: 'I would have no exclusive creed, no restrictions relating to theory and practice, but to receive into membership of the Institute every applicant of suitable education and moral standing;'

and most happily enforced the the principle by quoting the words of the wise Chomel, when it was proposed to deprive the distinguished Tessier of his position as hospital physician on account of his conversion to homœopathy, as follows: 'Every physician who is thoroughly qualified to practice has the right to select his own mode of treatment. and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad, or he commit some act of unquestionable malpractice. For,' said he, 'it is only by the exercise of this freedom that changes and improvements have ever been introduced into practice; and herein lies the only hope of further improvements. Tessier, in practicing homœopathy, has only exercised the same freedom of selection which Bouillaud, and Rayer, and Louis and I have enjoyed; and as his results are as good as ours, we may not interfere with them.'

On the 7th of June, 1871, the American Institute of Homeopathy, at Philadelphia, unanimously passed the following resolution:

Resolved, That the interests of the cause of truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

"Such are some of the liberal utterances which have emanated from individuals and associations connected with the homeopathic branch of the medical profession. Let us now for a moment glance at the sympathetic responses which they have elicited from our brethren of the allopathic school. For, Mr. President, they are our brethren, engaged with us, though using different methods of attack, in a continual warfare against the common foe.

"In a paper read before the Albany County Medical Society in January, 1871, Dr. C. A. Robertson says: 'I for one am frank to say that I regard the regulation which forbids consultations with homeopaths as unwise. I can not but think that we should have treated it (homeopathy) with gentleness instead of severity; have regarded its claims with the appearance, at least of judicial consideration, and not with invective and derision; have met its practitloners, as well as other practitioners in instructive 'consultation,' instead of standing aloof with lofty self-approbation. We have fought homeopathy instead of 'hugging it to death,' by opposition instead of destroying it we have dignified it, so that it has hospitals and colleges as well as the regular profession. I know nothing

of their quality, bu I would willingly swear they are not inferior to what have come under our observation, where practitioners claim to be 'regular.'

"In August, 1871, Dr. Hopkins, of Buffalo, published in the Buffalo *Medical and Surgical Journal*, a paper containing the most liberal sentiments, of which the following quotation presents the concluding paragraphs:

"As before stated, the act admitted the homeopathic profession to all the rights and privileges as physicians and surgeons under the acts of 1813 and 1827, and all acts amendatory thereof; thus they became 'legally authorized practicing physicians and surgeons,' and as such are entitled to membership of our county medical societies. This right is positive, and no county society has the power to adopt a by-law which will keep them out if they should make application for admission. The right of legally authorized physicians to membership in county medical societies has been most definitely settled by our courts, and the proceedings to obtain such rights are well understood by many of our members."

"In view of these facts, what should the regular profession do in the matter? Shall we continue to call ourselves 'the profession,' and neither by public act nor private word allow that there is any other? Shall we continue a line of treatment condemned by law and experience—treatment which only makes homeopathy notorious and ourselves disgraceful? Or shall we submit gracefully to the laws of the State and public opinion, and proffer the homeopathic profession those amenities which should exist between professional equals? Invite them to their rights in our county medical societies; when called by their patrons, attend with them in consultation; when wished by our patients, ask them to attend in consultation with us. If they have any superior knowledge in the management of disease or the protection of health, our duty to our patrons requires us to avail ourselves of that knowledge. If we possess the greatest professional ability, they and their patrons will find it out. If we hold back from this, we may reasonably be charged with having little confidence in our doctrines. If we go into it, I rest my faith upon the 'survival of the fittest.'"

"At the recent meeting of the 'Medical Society of the State of New York,' held in this city, Dr. C. B. Coventry, a distinguished member of the allopathic profession in my own place of residence, and formerly a professor in several of the prominent medical colleges of this State, whose locks are now white with the frosts of many winters, passed in the honorable practice of his profession, who has been always, and I believe hon-

estly and conscientiously opposed to homeopathy, though ever courteous in his intercourse with its practitioners, and still is an adherent of the allopathic school, submitted a resolution that the delegates from the State Society to the American Medical Association be requested to present an amendment to the constitution of that association to the effect, that 'any person having a diploma or license to practice medicine from any legally authorized institution or society of the State in which he resides, may become a member of the association on signing the constitution and by-laws'—thus practically carrying out the suggestions of Dr. Hopkins, above alluded to, that regularly qualified physicians, irrespective of their methods of practice, should be invited to their rights in the allopathic medical societies of the State and country. The resolution took the society by surprise and was laid upon the table, and I can only regret that the majority of the members of the society were not animated by the same liberality of sentiment which actuated the venerable mover of the resolution."

"Such are some of the more recent utterances which evince the growing liberality of sentiment and kindliness of feeling of the members of the two great branches of the medical profession in this country toward each other, and the palpable tendency toward a coalition of the two schools on some common platform."

"The tendency of medical thought, both in this country and in Europe, renders it no longer doubtful to the observing mind that with the adoption of the essential principle of homeopathy, but probably with the rejection of the name, there will ere long be formed a coalition of of the more rational and liberal minded members of the two schools. On every side do we find our allopathic brethren practicing more or less in accordance with the principles of homeopathy. Those who are familiar with the writings of Drs. Haldane, Anstie, Rogers, Harley and Sydney Ringer, in Great Britain, and of Dr. Louis Saurel and other representative thinkers of the allopathic school, of the present age, can not fail to notice that one by one our principles are being adopted by that school. Dr. Louis Saurel, editor of the *Revue Therapeutique du Midi*, thus writes: 'Our incredulity has less to do with the principle of similars, which we consider rational and frequently practicable, than with infinitesimal doses. We can easily believe that certain diseases can be cured, perhaps even the most part, by remedies acting homeopathically, provided that their dose be one appreciable by the senses.'

"Again, medicines are now usually prescribed singly and in

comparatively small doses. Says Sydney Ringer, the distinguished professor of therapeutics in University College, in speaking of the administration of a certain drug: 'It was given alone, as it is only by such a method any exact knowledge of the effects of drugs can be obtained.' Recently the proving of medicines on the healthy body has been recommended, and grants of money have been proposed for its accomplishment.

"Thus one by one all the modes of practice for which, during seventy years, we have contended, are now being rapidly adopted. Who will deny that, at no distant date, either under the name of the Homœopathic School, or adopting a title now often used synonymously—that of the 'Modern School of Rational and Liberal Medicine'—we may see the two great branches of the medical profession, for many years estranged and often hostile, united in one solid phalanx, under the ample folds of that banner, unfurled to the gaze of an astonished world by the genius of Samuel Hahneman, on which inscribed in letters of living light, are the words, 'similia similibus curantur,' and actuated by that philosophic and Christian motto, 'in certis unitas, in dubiis libertas, in omnibus charitas,' marching onward to the attainment of conquests over disease and death, such as have never yet been depicted in the dreams of the most ardent medical enthusiast? Then will have come the millenium of medicine. God grant a consummation so devoutly to be wished."

[We frankly acknowledge that we have no sympathy with the spirit of this address. That this spirit actuates only Dr. Watson is unfortunately not true, for it is also the *key-note* of Dr. Black's paper at the last British Congress. The chief difference between the two utterances is that Dr. Black does not so frankly express the desire of his heart, as has done our friend and preceptor, Dr. Watson. Dr. Black's travail over "the dose" expresses the yearning of his bowels to remove that feature of our science and art which is "to the Greeks foolishness"—remove this, and then we can fuse into the other school; emerge into the general whole; eat the lotus of love *; rest in peace *and* old school "respectability"—in a word, jump incontinently into the "millenium of medicine."

What has the other side that we should pant to be in full communion with it? Why should we agonize for membership

* "In omnibus *charitas*."

in their societies? As physicians, what do we lose by those differences which separate us? Of old it was not wholesome to hanker after the flesh-pots of Egypt, and none may do it now and yet keep clean hands.

To be sure, we have been ostracised; denied fellowship in in many an association wherein our tastes would have led us to take delight; but do they control the sluice-gates of knowledge; can they flood their own domain until their broad fields laugh with plenty, while ours are arid and barren? O my brother homeopath, if you have suffered from their niggardliness the fault is more yours than theirs. God's truth is every man's who will take it—all He asks is the outstretched hands and the hunger-cry. If they have any knowledge which you have not, depend upon it you have not sought for it, or it were yours even as it is theirs.

To be "recognized" by them—ah, there is the belly-ache! Well, if the nod of an allopath can make an M. D., let such as think so cringe for it—we are not of that opinion. We are of the belief that such a recognition of the truth of our principles, and such an appropriation of that truth as the inexorable logic of results is forcing upon the other side, demands that we should "recognize" them rather than they us, for the history of Hahnemann's whole struggle will show that they and not we are the "reconstructed." Who will be benefited by the change which is coming over the spirit of their dreams? We have long enjoyed that for which they are now groping with lame hands and purblind eyes. In the name of all truth and of all justice, then, let the obliged acknowledge their obligations; let there be no contraversion of the plain law of Right in favor of a set of men who will not own what they owe to our "divine old man," who is not of Cos but of Cœthen. By his exile, by his privations, by the measured dole of black bread which his dying child bequeathed to a hungering sister, by all the obloquy which a steadfast devotion to the truth incurred for him, we must stand by him, by his teachings, by his names until they are acknowledged. To be sure, the leek is not a palatable bulb, but we must not essay to make it pleasantly-eatable by adding such condiments as only a contemptible policy can

suggest. Let them season the leek, but do not let them pass it off for an honest onion.

This rhetoric about their "growing liberality of sentiment" is very unsubstantial when we come to examine the evidences of it. The "sentiment" of a few obscure practitioners as expressed before a county or a State society is not endorsed by the majority, much less by the acknowledged leaders of the the other side. Haldane, Anstie, Rogers, Harley, Ringer, Saurel are cited by their writings to show that "our principles are being adopted by that school." But, mark you, they are not "adopted" as "*our principles*." Anstie, the ablest of the whole batch, denies the formula *similia similibus curantur, in toto*. Rogers has written a book to prove the nothingness of Homœopathy; and Ringer's *Therapeutics* is the meanest petty larceny that ever dirtied a gentleman's fingers. "Adopted?" Yes, accident leads them to make a homœopathic prescription—*Ipecacuanha* for vomiting—the result delights and astonishes them, and then the legerdemain of logic is evoked to prove that it is not homœopathic. "Ipecacuanha in small doses," says Anstie, "is a tonic,"—*hence the trade winds!* [A friend at our elbow says he can't see the sense of the italicised sentence. Well, that's just what makes it the *similimum* of Anstie's *ergo*.]

When they verily do adopt our principles then we must adopt them, not they us; but to see them adopt our principles and then to join hands with them in not calling things by their right names, is just that which we are not required to do by any *charitas* in earth or heaven. On the contrary, to do this were a cowardice that any honest man would hiss.

Just here let us revert to Dr. Dunham's Chicago oration. It has the misfortune to be misunderstood by both the posological extremists of our school. Dr. Lippe reads it, and is at once seized with acid eructations which must make him feel quite miserable; a low dilutionist finds in it a willingness to an unqualified fusion with the "old school." Now, Dr. Lippe would deny the name of "homœopathist" to the very orator whose speech has called forth these remarks, because there is much in Dr. Watson's practice which Dr. Lippe declares is not homœopathic. Dr. Dunham's practice differs markedly from

that of Dr. Watson, and even Dr. Lippe would recognize Dr. Dunham's practice as homœopathic. Well, Dr. Dunham would admit Dr. Watson to membership. Nay, he goes farther, he would admit any allopath who made application. But, mark you he would admit him as an allopath "under conviction," and seeking to be shown all the error of his ways. Dunham would trust to the example of a more successful practice as the means of beguiling the most heterodox into a more orthodox homœopathy. Lippe would hurl the anathema after the fashion of other infallibles. In this we show the length of Dunham's *libertas*, the clasp of his *charitas;* and if his oration has led any to imagine that he is ready to sell his birthright as a homœopathist for the pottage of any allopathic patronage, they need only to call upon him to be rapidly and radically undeceived.

Coming as physicians "under conviction" we must have open arms for all who turn their steps towards us, but that when they begin to see the light we shall merge ourselves in them is not in accordance with the eternal fitness of things—you know it was Moses' serpent which swallowed the others, and we don't propose to inaugurate a *vice versa* for the benefit of allopathy. Let us leave Nature alone for the time, believing with Darwin and Dr. Hopkins in the "survival of the fittest." Let us pay more attention to our own school, and less to the other side. Let us see that our students attend only our colleges; for thus only can those institutions grow to the dimensions of those of the other side. Let us go into our own pockets and build hospitals and asylums, instead of sighing for those which are in the hands of the Philistines. Let us support the literature of our school; and in that literature let us encourage all that pertains to the physician. More than all, let us guard our homœopathic heritage most jealously. The provings on the healthy, the similimum as the remedy, the single remedy, the *reduced* dose, may be, and will be, filched from us one by one, and christened with new names to hide the theft. What will become of Homeopathy? It will live, despite them, in Hahnemann's posology. The very infinitesimals which Drs. Black and Saurel are so ready to throw away are

all that will save us. Thus doth the whirligig of time bring about its revenges, for these infinitesimals have often been mocked by us; but now we know that this mocking is done only in those nine days of puppyship when one's eyes are not opened to the light. If we will only learn what can be done with, and only with them, old Physic may come to us: we never will be lost *in it.*] S. A. JONES.

Hahnemann Hospital Reports, edited by F. W. Hunt, M. D., and F. Seeger, M. D. Vol. I to October 1871. Published at the Hahnemann Hospital, New York, and for sale at Lodge's Homœopathic Pharmacy, Detroit. Price $2.50.

This is a finely printed octavo of 205 pages, illustrated by photograph and plans of the hospital; colored lithograph of Prof. Helmuth's case of Cysto-Sarcoma, and plates to illustrate Dr. Seeger's article on Diseases of the Larynx. The principal articles are: Report of Building Committee—General Consideration in the Treatment of Fractures—Contributions to Practical Laryngoscopy—A Case of Cysto-Sarcoma Phyllodes—On Colloid Cysts of the Larynx—Climate and Hygienic Character of the Bahama Islands—On Chronic Diseases of the Organs of Respiration—Fœticide, or Abortion—Theory of Atmospheric Germs—Characteristics for the Selection of the Remedy in Diarrhœa—Report of the Medical Director—Hydrate of Chloral—Causes of Female Diseases—Stowe's Uterine Elevator—A New Eye Speculum—Skin Grafting—A New Sub-Palpebral Eye Syringe—Extracts from the Medical Director's First Report—The Galvanic Current—Dust as an Agent in Spreading Disease—Sea Sickness—Tobold's Laryngoscopic Apparatus—North Eastern Homœopathic Medical and Surgical Dispensary.

Harper's Magazine for March.

This is a very entertaining and attractive number, profusely illustrated—containing nearly fifty engravings—with a great variety of reading matter.

The leading article, by Col. Thorpe, gives a comprehensive history of the United States Treasury Department, illustrated with portraits, views of the old and new Treasury buildings,

etc. Some very quaint and curious revelations are made of the domestic economy of Government officials in our early history, and of the "court society" of Philadelphia and Washington.

The fact that Bolivia is now the objective point of three railroad enterprises, in which American engineers and capitalists are taking a leading part, renders the article on Northern Bolivia and its Amazon Outlet especially timely and interesting. This article is from the pen of Colonel George E. Church, the engineer, who has been prominently engaged in the projection of a railroad, 170 miles long, to overcome the rapids of the Madeira River, and to thus bring into full development the resources of the Amazon Valley.

Mr. M. D. Conway contributes a paper on Munich. This will be concluded in the April number, this first paper being confined to the early history of Munich, and to the folk-lore suggested by the subject. Mr. Conway's illustrated papers belong to the very highest order.

"Negro Life in Jamaica," with ten illustrations, by G. O. Seilhamer.

Mr. E. H. House contributes a very entertaining article, entitled "A Japanese Statesman at Home."

In "The Wines of Syria" some interesting information is given relating to the subject, by the Rev. J. L. Lyons, the missionary, who has resided in Syria many years.

Edwin De Leon contributes "The Old Ottoman and the Young Turk"—a paper which is now very timely.

The poetry of the number is contributed by Mrs. E. B. Stoddard, Carl Spencer, and John G. Saxe.

The "Easy Chair" has a well-pointed satire on the folly of exalting bad men when they die; criticises Wachtel; and comments upon Mr. Longfellow's new work, "The Divine Tragedy," which it considers "by far the greatest in American poetry, both in lofty scope and exquisite treatment."

The "Literary Record," besides other notices, contains an elaborate criticism of Tyerman's "Life and Times of John Wesley."

Tne "Scientific Record" contains over thirty articles, besides a "Summary of Scientific Progress" covering a period of two months.

The "Historical Record" embraces the period from December 24 to January 24, and gives a comprehensive summary of Congressional proceedings, and of domestic and foreign intelligence.

The "Drawer" is this month crowded full of humor and facetious anecdote.

Annual Record of Homœopathic Literature, for 1871. Edited by C. G. Raue, M. D., assisted by leading homœopathic physicians. Published by Boericke & Tafel, New York. Cloth, 255 pp. Price, $2.50.

This excellent work is arranged similarly to that of last year. Dr. C. Hering has compiled the part on Materia Medica, Dr. T. F. Allen the chapter on the eyes, and Dr. M. Macfarlan the surgical part; the rest of the work was prepared by Dr. Raue himself.

Prof. Raue, editor of this excellent compend, says of the work:

"If the book do not speak for itself, introductions will not improve it. Only thus much ought to be mentioned for the benefit of critics: it cannot contain more than has been given in the journals, neither can it help anybody who does not use it. For myself I should not like to be without it; it is impossible for any one to retain all the good things that have been offered during the entire year so as to have them on call in the hour of need.

"The following are the Journals and Periodicals which have been excerpted for this volume:

Dr. Veit Meyer's Allgemeine Homœopathische Zeitung of 1870, and Monatsblatt, by C. G. Raue.
Dr. B. Hirschel's Neue Zritschrift fiir Homœopathische Klinik of 1870, by C. G. Raue.
British Journal of Homœopathy of 1870, by E. Tietze.
British Homœopathic Review of 1870, by T. S. Hoyne.
Homœopathic World of 1870, by R. J. McClatchey.
North American Journal of 1870, by H. Minton.
United States Medical and Surgical Journal of 1870, by F. A. Lord.
American Homœopathic Observer of 1870, by W. C. Goodno.
New England Medical Gazette of 1870, by E. Farrington.
Medical Investigator of 1870, by T. Bacmeister.
Ohio Medical and Surgical Reporter of 1870, by H. Ring.
Western Observer of 1870, by E. Farrington.
Hahnemannian Monthly of 1870, by J. W. Blakely.
American Journal of Homœopathic Materia Medica of 1870, by A. Korndoerfer.
Dr. Gregg's Homœopothic Quorterly of 1870, by H. Minton.
Transactions of the American Institnte of Homœopathy of 1870, by C. Wesselhœft.
Transactions of the Homœopathic Medical Society of the State of New York of 1869, by H. B. Fellows.
Transactions of the Homœopathic Medical Society of the State of Ohio of 1870, by Charles Cropper.
French and Spanish Journals, as far as translated in other Periodicals.

Colleges, Societies, etc.

HOMŒOPATHIC SOCIETY OF PENNSYLVANIA

HARRISBURG, Wednesday, Feb. 7, 1872.

This Society has adopted the plan of holding its annual sessions at the capital of the State, and in the winter season, when the attention of its members is not taken up with the meeting of the American Institute, or the meetings of other State societies, and under this rule is better attended, and its meetings have been more interesting and profitable to those in attendance.

The Legislature is in session at the time of the meeting, and it brings to the notice of that body the efforts which the homeopathic medical professions are annually making in the cause of science, and thus it has an indirect influence on the State at large.

The Seventh Annual meeting of the Society was held in the Senate committee rooms, at 10:30 o'clock this morning, and a large number of members and delegates from different parts of the State were present.

The Society was called to order by the President, J. H. Marsden, M. D., of York Sulphur Springs, who addressed the Society briefly, congratulating the members on the progress of the Society, and its flourishing condition. He urged the members to increased zeal and activity, suggesting that the briefest possible time should be taken in the discussion of the mere business of the session, and as much time allowed for the discussion of scientific reports and papers as possible, and deprecated the necessity of passing over important papers with a brief mention of their titles, in consequence of the want of time occasioned by the discussion of business matters. The President also spoke of the necessity of a higher standard of medical and literary education in the profession, and thought that by so doing quackery would be more effectually driven from the country than by any other means. He likewise touched upon the flooding of the country with all sorts of quack medi-

cines and patent nostrums, to the great destruction of health and life, and thought the profession derelict in its duty to society in not doing more to discourage the sale of such health and life-destroying mixtures.

The following names were submitted for membership in the Society, with their proper vouchers, and were referred to the Board of Censors:

Lewis F. Bush, M. D., Altoona.
P. S. Duff, M. D., Coyleville.
J. L. Scott, M. D., Coatesville.
C. W. Hoyt, M. D., Sharon.
W. F. Speth, M. D., Lewistown.
J. C. Rutter, M.D., Bloomsburg.
W. B. Trites, M.D., Manayunk.
S. H. Brown, M. D., Phila.
J. C. Kennedy, M.D., Buchanan P. O.
W. H. Boardman, M.D., Pittsb.
Adolph R. Elblem, M. D., Buchanan P. O.
A. P. Bowie, M. D., Uniontown.
Harriet J. Sartain, M. D., Phila.
J. S. Rankin, M. D., Pittsburg.
Augustus Korndoerfer, M. D.
O. C. Brickley, M. D., York.
S. L. Dreibelbis, M. D., Allentown.
Wm. F. Marks, M. D., Reading.
Wm. H. Bigler, M. D., Phila.

The propositions of Drs. P. S. Duff, C. W. Hoyt, and L. F. Bush, were laid over for future consideration, on motion of the Board. The others were duly elected.

There being one member of the Board of Censors not present, the Chair appointed Dr. Jas. B. Wood, of West Chester, to act as Censor to complete the Board.

Reports were then received from delegates appointed by the Society to other medical bodies.

The report of the treasurer was next in order, but was postponed in consequence of the absence of the treasurer.

The report of the Committee on Charter was then presented by Dr. R. J. M'Clatchey, of Philadelphia, chairman of the committee. The report embraced a draft of a bill to incorporate the Society, and a petition to the Legislature praying it to pass the act of incorporation of the Society, and likewise the bill known as "An act to regulate the practice of medicine and surgery" in certain counties of the State, and making the act operative throughout the State. On motion, the consideration of the report was made the first business in order at the afternoon session.

The report of the treasurer, Dr. O. B. Gause, of Philadelphia, was then read and referred to auditors, who were appointed by the chair as follows: Drs. C. H. Haeseler and J. H. M'Clelland. The report showed the total income to be $495.21, and the total expenditures $487.52.

The Committee of Publication reported that they had issued 300 copies of the transactions of the Society during the years

1869 and 1870, in a pamphlet octavo of 268 pages, and 1,000 extra copies of the annual address delivered at the last session of the Society, and furnished the same to the members, editors of journals, and other persons entitled to receive them.

Reports were then received from county and district medical societies. The following societies reported: Allegheny County Society, Cumberland Valley Society, Chester, Delaware and Montgomery County Society, and Philadelphia County Society.

The auditors of the treasurer's report reported that they had examined the accounts and vouchers of the treasurer, and had found them correct; whereupon the report was accepted and the auditors discharged.

Dr. J. C. Burgher, of Pittsburgh, reported as delegate from the Homeopathic Hospital and Dispensary, of Pittsburg. He reported that the past year of the institution had been in every sense the most successful one it had yet had. The hospital is very popular in that city for the great good it does in that community, and is one of the institutions of the city. The number of admissions to its medical and surgical wards were greatly in excess of any preceding year. The ten months since April 1, 300 cases have been treated in the hospital. Dr. Henry Noah Martin, of Philadelphia, reported as delegate from the Homeopathic Hospital, of Philadelphia. He gave a short account of its rise and progress, stated that it was out of debt, except a mortgage which could remain for any length of time. The number of medical and surgical cases admitted to the hospital during the past year was ninety, with six deaths. One of these was a case of Bright's disease, moribund when admitted; one of ascites, with cirrhosis of the liver; one of cancer of the bladder, one of heart-clot, one of gangrenous erysipelas of the lower extremities, and one of osteo-sarcoma of the thigh. He stated that a full report of the institution was in course of preparation for publication.

Dr. John E. James made a report from the M. E. Old Folks' Home, of which he is an attending physician. A large majority of the inmates employ homeopathic treatment, as they have their choice of practice, there being an allopathic attendant likewise. There had been no death in the institution during the past year.

Dr. H. N. Martin reported from the Home for Little Wanderers, at Philadelphia, which is under his professional care. The institution is a great charity, and a great success. Variola had appeared amongst the children, with one death—the only loss during the year. An infirmary has been added to the institution recently, which is likewise under homeopathic control.

This is probably a starting point for a children's homeopathic hospital. A dispensary is likewise connected with the institution, for the benefit of the sick poor.

A lengthy discussion was then entered into on the subject of State aid to the charitable medical institutions of the State, and the unwarrantable difficulty, almost amounting to an impossibility, of getting aid for charities under homeopathic medical control.

The above reports were accepted.

A recess of five minutes was taken to allow members to pay their dues.

Dr. M'Clatchey read a communication from the orator, Dr. W. James Blakely, of Erie, announcing that he would be unable to be present and fulfill the duties of his appointment, in consequence of the sudden and serious illness of his wife.

It was moved and carried that, should the alternate orator, S. Thomas Moore, not be present, the address of Dr. Blakely, which he had prepared and forwarded, be read by Dr. M'Clatchey.

Dr. Bushrod W. James offered the following resolution, which was adopted:

Resolved, That active members of this Society who may remove beyond the limits of the State, are privileged to retain their membership under the constitution and by-laws of the Society.

Dr. H. N. Martin offered the following resolution:

Resolved, That the Board of Censors are hereby directed to ignore any applications for membership to this Society of persons who have graduated within one year previous to this time at either the Philadelphia University of Medicine and Surgery, the Eclectic Medical College of Philadelphia, and the American University of Medicine and Surgery.

After some discussion, the resolution was laid upon the table.

The Society then adjourned to meet at 2:30 o'clock.

AFTERNOON SESSION.

The Society assembled promptly at 2:30 o'clock, the President in the chair.

The first business in order was the consideration of the report of the Committee on Charters; but, on motion, its consideration was postponed for the present.

Dr. W. R. Childs read the report of the sub-committee of the Committee of Arrangements of the Grand Levee to be given in honor of the American Institute of Homeopathy, at the twenty-seventh annual session of that body in Philadelphia. He reported that the committee had fulfilled the duties of its appointment, and that all those who had pledged themselves to raise the money required had responded, excepting those

from Lycoming and Centre counties. The whole amount raised, notwithstanding this default, was $1,055, $1,000 having been pledged. This was due to the fact that the Allegheny County Society raised the amount of its subscription to $538, $400 having been pledged. The levee was held, and gave great pleasure to those who participated in the festivities of the occasion.

On motion, the report was received and the committee discharged.

Dr. D. L. Dreibelbis reported verbally in behalf of the Berks and Schuylkill County Society. Report was received, and the delegate requested to prepare a written report and forward to the Committee of Publication.

The reports and papers of the *Bureau of Materia Medica and Provings* were then called for.

Dr. J. C. Burgher, acting chairman of the Bureau, presented the following papers:

"Cure of Symptoms not Recorded in the Pathogneses of the Remedies," by W. James Blakely, M. D.

"The Homeopathic Materia Medica—On the necessity of its revision by reprovings." By W. James Blakely, M. D.

"Uses of Melilotus Officinalis." By G. W. Bowen, M. D., of Fort Wayne, Indiana; presented by W. M. Williamson, M. D.

"Upon the organization of a society of provers." By Chas. H. Haesler, M. D., of Pottsville.

"How to Study the Materia Medica." By Henry N. Martin, M. D., of Philadelphia, was presented in an incompleted condition, Dr. M. asking the privilege of completing his paper and forwarding to Committee of Publication, which was granted.

The other papers of the Bureau were read, accepted and referred to the Committee of Publication.

The reports and papers of Bureau of Clinical Medicine and Zymoses being next in order, the following papers were announced by Dr. W. M. Williamson, chairman of the Bureau:

"Sciatica," by Mahlon Preston, M. D., of Norristown. "Germs of Disease," by John E. James, M. D., of Philadelphia. "Treatment of Variola by Variolin," by W. Jas. Blakely, M. D., of Erie. "Croup," by Chas. H. Von Tagen, M. D., of Harrisburg. "Typhoid Fever," by Allegheny County Medical Society. "Cases from Practice," by Wm. D. Hall, M. D., of Carlisle. "Selenium in Nocturnal Emissions," by W. M. Williamson, M. D., of Philadelphia. "Aurum muriaticum in Ozoena," by W. M. Williamson, M. D., of Philadelphia. "Cinchona in Quinine Poisoning," by W. M. Williamson, M. D., of Philadelphia. "Clinical Observations," by W. M. Williamson, M. D., of Philadelphia. Dr. Preston's paper was read as presented,

and referred to him for completion, to be afterwards forwarded to the Committee of Publication.

The paper on typhoid fever by the Allegheny County Society, was read so far as completed, and referred back to the society for completion, to be afterwards forwarded to the Committee of Publication.

The paper of Dr. Blakely on variolin in variola, was read, accepted and appropriately referred.

Dr. Williamson's papers were read and appropriately referred; also, Dr. Van Tagen's paper on membranous croup.

Dr. W. D. Hall's paper on cases from practice, was likewise read and referred.

Discussion was then had on the papers of this Bureau.

The Society then adjourned to meet in the hall of the House of Representatives, to hear the annual address, after which a business meeting was held for the consideration of the charter.

THE ANNUAL ADDRESS.

The annual address was delivered in the hall of the House of Representatives, in the presence of the Society, members of the Senate and House of Representatives, and a number of the citizens of Harrisburg. The address was read by Dr. Thomas Moore, of Philadelphia, in the absence of the orator, who was detained by sickness in his family, The address was on the subject of "The Scientific Development of Medicine," and was most attentively listened to.

The Society then adjourned to meet in the committee rooms.

EVENING SESSION.

The Society assembled after the delivery of the annual address, the President in the chair, for the purpose of considering the report of the Committee on Charter.

The report of the Committee on Charter was re-read, together with an act presented to the Legislature of the State of New York, which had been offered as a substitute for the report of the Committee on Charter, by Dr. H. N. Martin, of Philadelphia.

Dr. Martin urged the submission of the substitute to the Legislature of Pennsylvania, praying them to adopt it, claiming, as he did, that it covered all the ground, and that no medical bill which had been passed in Pennsylvania hitherto was sufficiently binding, and that all of them had loopholes by which improper persons might escape the provisions of the acts.

Dr. Dudley spoke in favor of the recommendation to the Legislature of the county medical bill, first striking out the clause referring to the two hundred dollar fee for a license.

Dr. J. H. M'Clelland moved that a committee of three be

appointed to confer with the Committee on Charter, to report a proper bill for the action of the Society at the morning session; which was carried.

The Chair appointed Drs. M'Clelland, Martin and Dudley.

The Society then adjourned, to meet at 10 o'clock in the morning.

SECOND DAY—MORNING SESSION.

THURSDAY, Feb. 8.

The Society was called to order at 10 o'clock A. M., by the President.

The reports and papers in possession of the Bureau of Surgery were then called for.

Dr. Thomas Moore read a paper prepared by Professor Malcolm Macfarlan, of Philadelphia, giving the details of a number of surgical cases, two of which were operations for stone in the bladder. One calculus removed was extraordinarily large, being of eight and one-fourth inches in its largest circumference and five and one-half inches in its smallest, and weighing over four ounces troy. A number of operations on the eye were likewise reported, and other important surgical operations. All these operations were successful, in fact markedly so, the writer attributing this to the non-use of heroic treatment, and the application of homœopathic treatment.

The report was accepted and referred to the Committee of Publication.

Dr. J. H. M'Clelland, of the Bureau of Surgery, reported verbally. He was requested to prepare a written report, and forward to the Committee of Publication.

The joint committee on the subject of charter reported that they would recommend to the Society the submission of the bill offered by Dr. Martin, with certain emendations and erasiums, and with it a petition to the Legislature praying its passage, to be signed by the members of the Society now present as a committee on behalf of the State Society.

The report of the committee was accepted, and the committee of conference was discharged.

It was moved that the report of the committee be adopted, which gave rise to an animated discussion, after which it was adopted.

Dr. R. J. M'Clatchey called the attention of the Society to the fact that since the last meeting two active members of the Society had died, viz: Dr. Silas S. Brooks, of Philadelphia, and Dr. Benjamin R. Bratt, and one honorary member, viz: Ezekiel Lovejoy, of Owego, N. Y., and moved that a committee be appointed to prepare resolutions on the decease of these mem-

bers, and report the same as soon as practicable. This motion was adopted; whereupon the Chair appointed Drs. O. B. Gause, W. R. Childs, C. H. Haeseler, and D. L. Dreibelbis.

Dr. Smith Armor, of Columbia, tendered his resignation as a member of the Society, which was on motion accepted.

The reports and papers of the Bureau of Obstetrics, and diseases of women and children.

The following papers were reported by Dr. C. H. Haeseler, chairman of the Bureau:

"Diseases of, and Provings of Remedies in, Children." By Chas. H. Haeseler, M. D., of Philadelphia.

"Application of the Forceps." By J. H. Marsden, York Sulphur Springs.

"On Puerperal Mania." By J. C. Burgher, M. D., Pittsburg.

"On Post Partum Diet." By O. B. Gause, M. D., Phila.

"Cases from Obstetric Practice." By M. Friese, M. D., of Harrisburg.

The above papers were read in full, accepted, and referred to the Committee of Publication.

Dr. B. W. James announced that the twenty-first annual meeting of the New York State Homœopathic Medical Society would be held at Albany, February 13th and 14th, 1872, and invited the members to attend that meeting.

Dr. Friese exhibited a pathological specimen taken by post mortem from one of the cases related in his paper, being a fitroid tumor of the uterus, firmly adherent to the uterine walls.

The committee to prepare and present resolutions on the death of deceased members made their report, giving sketches of deceased, and offering suitable resolutions of respect for the memory of the departed, and sympathizing with their families and friends. These resolutions were adopted.

A letter was read from Dr. L. H. Willard, announcing that he had a paper in course of preparation on injuries of the ankle joint, and asked the privilege of completing the same and forwarding to the Committee of Publication, which was granted.

Dr. H. N. Guernsey remarked that it was his rule on applying the forceps to observe the rule to keep the blades well to the sides of the pelvis, and after each effort at traction to release the grasp on the blades, by which rotation was allowed, and the head accommodated itself more exactly to the forceps. He allowed the points of the blades to rest upon the cranium and glide over it.

Dr. Williamson: The objective point in the application of the forceps is the head of the child. Dr. Guernsey directs that traction shall be made in the direction in which the forceps are pointing when at rest. He, Dr. Williamson, thought that the

position of the forceps also gave a good general idea of the part of the head grasped by the blades.

Dr. C. H. Haeseler said that in his practice it was not always necessary to have the patient brought to the edge of the bed for application of forceps, with their feet adjusted upon two chairs. He often used them with the patient lying lengthwise on the bed near its edge. He thought it best, however, to place the patient at the edge of the bed. Dr. Freise said he frequently applied the forceps while the patient was lying in the bed, and had found no difficulty in so doing.

Dr. Marsden explained that he did not give the position he described as the only one in which forceps could be applied. But he thought it the best, as it gave the best chance and the most "elbow room," so to speak. He thought it the most convenient under most if not all instances where forceps are required. He thought, too, there was less liability to injure the woman in this position, especially in the case of young practitioners.

Dr. Richard Koch was much gratified at hearing the remarks by the President, of the importance of grasping the forceps lightly. He thought this was a fault with medical students, when first using the instruments; they invariably grasp them too tightly.

Dr. H. N. Martin favored feeding women well after parturition, provided there was no circumstance contra-indicating the use of substantial food. He related cases illustrative of his practice in this regard. He thought women thus fed got up stronger and more quickly when thus cared for. He thought the ordinary slop victuals prescribed was injurious rather than beneficial. He deprecated the use of beer.

Dr. Richard Koch thought there were cases in which strong food was not advisable. The over excitation of the vernacular motion of the bowels by undue feeding, and the generation of gases in the intestines cannot fail to have some effect on the uterus, and where the uterine parts are tender, and perhaps just on the verge of inflammation, he thought there might be danger.

Dr. Martin said that he had excepted all such cases. He did not advise it indiscriminately. He did not claim any originality for his method of feeding.

Dr. Burgher endorsed Dr. Martin's remarks, and said he had followed the method for years without any bad results.

Dr. Guernsey always allowed a good and generous diet after the first two or three days.

The Society then adjourned to meet at 2 o'clock.

AFTERNOON SESSION.

The Society reassembled at 2 o'clock, the President in the chair.

The first business in order was the reading of the report of the Bureau of Organization, Registration and Statistics, which was prepared and presented by Dr. Pemberton Dudley, of Philadelphia, chairman of the Bureau. The report of the Bureau was accepted, and referred to the Committee of Publication, and the Bureau was requested to continue its work during the coming year.

Dr. J. H. M'Clelland offered the following resolution:

Resolved, That each county or local society prepare and discuss during the year a paper upon some scientific subject, and present the same at the annual meeting of the State Society, for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy should be selected as the State Society paper for presentation to the American Institute of Homœopathy.

The resolution was adopted.

Dr. M'Clelland likewise offered the following resolution:

Resolved, That this Society adopt a form of constitution and government for the organization of county and local societies. Suggesting a uniformity of operation in the preparation of papers upon scientific subjects, discussions, system of delegation and reports.

He moved that it be referred to the Bureau of Organization, Registration and Statistics, for elaboration, which motion was adopted.

The Secretary presented certain bills, which were ordered to be paid.

Dr. W. R. Childs presented a paper which he desired to have referred to the Bureau of Organization, &c., and it was so referred.

The reports and papers of the Bureau of Miscellaneous Subjects were then called for.

An elaborate paper by Dr. J. H. P. Frost, of Danville, was read, accepted and referred to the Committee of Publication.

Dr. R. Koch stated that he had prepared an article, Researches into the Construction of Blood Corpuscles, which, if desired, he would forward to the Committee of Publication. He was, on motion, requested to do so.

Dr. B. W. James presented a synopsis of a paper on vaccination, giving his reasons for preferring vaccination from cow-pox, and regarding it as protective against small-pox. He gave his experience in propagating cow-pox virus by vaccinating heifers, he having vaccinated fourteen animals.

Dr. M. M. Walker read a paper on the same subject, giving his experience in the propagation of cow-pox virus, by vaccinating heifers, and vaccinations performed with lymph thus obtained.

Other physicians gave their experience in vaccination, and their belief in the superior usefulness of vaccination from cow-pox virus.

Drs. James and Walker were requested to complete their papers and forward them to the Committee of Publication.

Dr. Guernsey had found in his own practice and in those of others, in cases of varlola, a medicine which had proved useful in the following indications that when small pox comes out and seems to be going in all right, and then seems to recede, and the patient seems to be suddenly short of breath, sleepless, restless, scant secretion of urine, and either great thirst or none at all, he gives Apis mellifica. He gave cases in illustration of its effects. In cases that come on with vomiting and purging of blood, the patients are stupid, and the rash does not come out. He gave a great variety of remedies, as Antim crudum, Arnica, Belladonna, Bryonia, Cantharis, Chamomilla, Hyosciamus, Mercurius, Pulsatilla, Rhus, Silicea, Stramonium, Lachesis, Thuja, according to the indications.

The order of business was suspended to allow Dr. Guernsey to present the following resolutions :

Resolved, That hereafter no cases be reported to the State Society which have not been treated in strict accordance with homœopathic principles, and that no papers be received or published as part of the transactions of the society, in which remedies are mentioned as having been used in alternation. A motion to lay the resolution on the table was lost.

The resolution was then voted on and declared lost.

Dr. Wm. R. Childs, Necrologist of the Society, then presented and read his report, in which he referred to deceased members. He asked permission to complete his report and forward it to the Committee of Publication.

Dr. Dudley offered the following resolution, which was adopted :

Resolved, That the Homœopathic Medical Society will heartily co-operate with the American Institute of Homœopathy in securing for our cause the best possible results from the proposed convention of homeopathic physicians from all parts of the world, to be held in Philadelphia, upon the occasion of the centennial celebration in 1876, and we will labor to extend to our honored brethren from abroad a hearty and cordial welcome.

Dr. M'Clatchey offered the following :

Resolved, That the thanks of this Society are hereby heartily given to the newspaper press of Harrisburg, for reporting our proceedings, and particularly to the *State Journal* and *Patriot* for the very full reports published in those papers.

Dr. Dudley offered the following preamble and resolutions, which were adopted with but one dissenting voice:

WHEREAS, Special efforts are now being made, by the enactment of local option laws, to restrain the sale of intoxicating liquors, and whereas the medical profession has been greatly censured for seeming to demand their sale for medicinal purposes, therefore,

Resolved, That this Society, representing the views of the vast majority of homeopathic physicians of our State, desires to call the attention of the public, and particularly of our law-makers and judges, to the following statement of our opinions in reference to the subject.

1. That there are but three purposes for which alcoholic liquors are indispensable in the dispensing of medicines for the sick: first to hold in solution the active principles of drugs which will not dissolve in other liquids; second, to preserve medicinal substances from decomposition; and third, to produce a diffusive stimulation.

2. That the stimulating effect of alcohol is not improved by combining it with other remedial substances, but it may be administered separately without impairing its efficiency.

3. That the sale of tonics and bitters (so called) or of any other medicine which contains more than sufficient alcohol to hold its active principles in solution and preserve them from chemical change, is a violation of the spirit of prohibition, and is, moreover, a fraud upon the consumer, unless they be sold under their proper names of "medicated" or "drugged liquors."

4. That pure alcohol, in various grades of dilution, affords all the diffusive stimulation that may be obtained from whiskies, brandies, malt liquors, &c,, and is, moreover, less liable to undetected adulteration; while the utmost advantages claimed for the use of these various liquors, over and above that of pure alcohol, when compared with the injurious effects of their unrestrained use as "medicine," and the results of defective and inefficient prohibitory legislation, are trifling and contemptible in the contrast, and unworthy of any serious consideration.

Resolved, That we do not ask that the sale of whisky, brandy, malt liquors, &c., be allowed, even "for medicinal purposes," and we recommend our fellow-citizens to insist upon the enactment of laws which shall prohibit the sale of any alcoholic liquors whatever for such purpose, except pure alcohol only.

Resolved, That we earnestly protest against being hereafter held to any greater degree of responsibility than our fellow-citizens generally for the indiscriminate use of intoxicating liquors, as "medicines," and for opening, through our drug stores, a door of escape for evil-doers.

[The president, Dr. Marsden, asking leave of absence, Dr. Charlton, vice-president, was called upon to preside.]

Dr. W. H. Childs offered the following resolution:

Resolved, That the editor of the *Hahnemannian Monthly*, which is the organ of the State Society, have the privilege usually accorded him of publishing such parts of the proceedings of this meeting, and the papers read thereat, in his journal, in advance of the regular volume of transactions.

It was moved to amend that the *American Journal of Homœopathic Materia Medica* be added, and the motion as amended was adopted.

Dr. B. W. James offered the following resolution:

Resolved, That the thanks of this society are most heartily tendered the Legislature of the State for their kindness in placing at the disposal of the society the rooms in which our meetings have been held, and to the House

of Representatives especially for the use of the hall of the House for the delivery of the annual address, and to the officers of the Legislature.

The society then proceeded to the election of officers.

Dr. Wm. H. Cook and the secretaries were appointed to act as tellers.

The following officers were electad for the ensuing year :

President—*Bushrod W. James, M. D.*, Philadelphia.

1st Vice-President—*Mahlon Preston, M. D.*, Norristown.

2nd Vice-President—*J. C. Burgher, M. D.*, Pittsburg.

Treasurer—*E. B. Gause, M. D.*, Philadelphia.

Rec. Secretary—*Mahlon M. Walker, M. D.*, Germantown.

Corresponding Secretary—*Pemberton Dudley, M. D.*, Phila.

Censors—*M. Friese, M.D.*, Harrisburg ; *Henry Noah Martin, M. D.*, Philadelphia ; *W. D. Hall, M. D.*, Carlisle.

Necrologist—*Wm. R. Childs, M. D.*, Pittsburg.

Orator—*Thomas Moore, M. D.*, Germantown.

Alternate—*L. H. Willard, M.D.*, Allegheny City.

The President elect was conducted to the chair by the Vice-President.

It was moved and carried that the sincere thanks of the society are heartily voted to the retiring secretaries, for their untiring exertions in behalf of the society during the past seven years.

The minutes of the meeting were approved.

The society then adjourned, to meet in Harrisburg first Wednesday in February, 1873.

HOMŒOPATHIC SURGICAL HOSPITAL, NEW YORK CITY.

It is proposed to hold a Fair for the purpose of raising a fund to construct a Homœopathic Surgical Hospital adjoining the Ophthalmic Hospital building, corner of Third Avenue and Twenty-third Street.

This object commends itself to the benevolent, for it proposes to establish upon the line of our greatest thoroughfare, and in the immediate vicinity of a densely crowded manufacturing district, where such an institution is greatly needed, a hospital, in which the victim of an injury, or an accident, may receive immediate relief and permanent treatment. Those, especially, who have learned by experience, to attach a high value to the homœopathic treatment of disease, and who are aware of the brilliant success which has attended its application in surgical and hospital practice, will feel that this charity has a strong claim upon their favorable notice, since it offers to the maimed and suffering poor, advantages which have never

yet, in this city, been placed within their reach. Although controlled by an independent organization, this Hospital will be so far connected with the "*New York Homœopathic Medical College*" that its wards will be open for surgical instruction, and students of that Institution (besides enjoying the opportunity offered by the Ophthalmic Hospital) may observe practically at the bedside the homeopathic medical and surgical treatment of disease.

The public are deeply interested in this fact, because such instruction is necessary to the thorough education of those to whose hands, as physicians, are to be confided the life, health, and dearest interests of the future public.

The Fair will be held about the 12th of April next, in the Armory of the 22d Regiment, 14th Street, which has been kindly placed at the disposal of the Association.

Donations in kind or in money, loans of pictures and works of art, for exhibition in the galleries of the Fair, and assistance of any kind, are respectfully solicited and will be gratefully received. Mrs. J. J. Roosevelt, *President;* Mrs. Dr. E. M. Kellogg, *Secretary of General Committee;* Henry Clews, *Treasurer;* Mrs. Mortimer Brown, *Assistant Treasurer.*

Officers of the Surgical Hospital.—Salem H. Wales, *President;* George W. Clark, *Vice-President;* John W. Dowling, M. D., *Superintendent;* Lewis Hallock, M. D., *Secretary;* Carroll Dunham, M. D., *Treasurer;* Wm. Tod Helmuth, M. D., *Surgeon.*

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The annual commencement of the Hahnemann Medical College took place at the Academy of Music, Philadelphia, March 11, 1872. Hassler's orchestra furnished the music. After prayer by Rev. George Dana Boardman, the valedictory address was delivered by Professor A. R. Thomas, M. D. The degree of Doctor of Medicine was conferred on the following

GRADUATES:

Clifford Burdolt Adams, Ct.
Samuel Clement Bosley, Pa.
David Wesley Bartine, A. M., Pa.
Julius Arthur Bullard, Pa.
Isaac Ambrose Barber, N. J.
Daniel Hiester Bradley, Pa.
George Ferguson Coutant, Pa.
John Howard Crippen, N. Y.
Eugene Genius Cayce, Ky.
Thomas Allyn Capen, Mass.
Henry Crater, N. J.
George Henry Clark, Pa.
Edward Mahr, Ky.
Samuel C. Moyer, Pa.
Frank Russell Norton, N. Y.
Samuel Elvell Newton, N. J.
Thos. Benton Pulsifer, Me.
Cobert Shields Perkins, Va.
Aristead B. C. Rupp, Pa.
T. E. Reed, Ohio.
Thomas W. Robertson, Mich.
Edward E. Snyder, M. D., N. Y.
George D. Streeter, Nebraska.
Edwin Simmer, Germany.

Nathaniel Ray Chase, R. I.
Francisco Donado Puente, S. Amer.
Wilford Washington Fetterman, Pa.
H. W. Fulton, Pa.
William Henry Gesner Griffith, Can.
William Mullen Griffith, Pa.
Walter S. Godhue, Ohio.
Henry Gilborne, N. Y.
Joseph Colburn Guernsey, A. B., Pa.
Charles D. Herron, Pa.
John Harlan, Del.
Robert Murdoch, Pa.
Alvin Isaac Miller, Pa.
Lucius Daniel Morse, Tenn.
John G. Swinney, N. J.
Truman K. Smith, N. Y.
Samuel M. Trinkle, Pa.
James G. Thompson, Pa.
Matthew S. Williamson, Pa.
Ernest A. Wehrman, Ohio.
Theodore F. Wood, Pa.
Jacob H. Way, M. D., Nebraska.
Sylvester B. Weaver, Md.
Theodore H. Waugh, N. Y.
George W. Williams, Kansas.
William M. Whitehead, A. M., Pa.
William M. Zearns, N. J.

SAN FRANCISCO COUNTY MEDICAL SOCIETY OF HOMŒOPATHIC PRACTITIONERS.

At a regular meeting held February 13th, 1872, in the city of San Francisco, the following resolutions were, by vote, carried unanimously :

Resolved, That this Society extend to the American Institute of Homœopathy a cordial invitation to hold its session of 1873 in the city of San Francisco.

Resolved, That this Society will use every endeavor to secure the hearty co-operation of all the friends of Homeopathy on the Pacific coast, in order to make the visit of the members of the Institute as pleasant and profitable as possible.

S. PORTER, M. D., *President.*
W. N. GRISWOLD, *Rec. Secretary.*

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The *New York Herald* reports :—A large and fashionable audience assembled in Association Hall, Twenty-third street and Fourth avenue, New York, Feb. 29, to witness the commencement exercises of the New York Homœopathic Medical College. The arrangements were well perfected and the spacious hall afforded ample accommodation to the numerous ladies and gentlemen in attendance. A fine string and wind instrument band initiated proceedings by playing the overture "Poet and Peasant" (Suppe) in a very masterly style ; then the students trooped in single file down the left aisle, to the "Humboldt March," and the Faculty assembled upon the raised dais. The Rev. J. R. Davenport having offered up a prayer and the band having played one of Flotow's sweet arias, Professor J. W. Dowling, M. D., Registrar of the College, addressed the graduates and audience. He stated that the meeting was called for the purpose of presenting to thirty-six students, who had successfully passed a severe and searching examination by the Faculty of the College, their diplomas as physicians. The speaker gave "quacks," those who hang out surgeons

symbols without being properly qualified, and the conservative old allopaths, who refuse to depart from the beaten track and accept the homeopathic motto, "*Similia similibus curantur*," a few hard rubs, after which he stated that since the founding of the institution, twelve years ago, no fewer than four hundred students, from all parts of the Union, had graduated, and that all these had been fully instructed in anatomy, the materia medica, &c. The Professor went on to explain at some length the difference between allopathy and homeopathy, and asserted that the new code was rapidly outflanking the doctrines of the old school. On concluding he was recompensed by a warm burst of applause. The band having rendered "La Bella Donna" waltz in an efficient manner, the President, Mr. S. H. Wales, conferred the degree of Doctor of Medicine upon the following

GRADUATES.

Willam H. Abercrombie,	Clement L. Hart,
Clarence W. Butler,	Porter S. Kinne,
John L. Babcock,	Robert S. Lane,
Charles L. Beach,	Wm. T. Laird, A. B.,
Charles Bossart,	Isaac Miller,
Wm. H. Blakeley,	C. Holmes McNeil,
Homer C. Brigham, (July 22, 1872,)	Acastus L. Macomber,
Wm. C. Cooke,	Frank D. Maine,
Ira B. Cushing,	Claude R. Norton,
Allen B. Carr,	Geo. S. Norton,
Wesley F. Clapp,	Henry E. Powell,
Harlan P. Cole, (July 18, 1872,)	James B. Tillinghast,
Henry C. Coon,	Geo. W. Reich,
Camillus F. Fahnestock,	Geo. W. Seymour,
Wm. P. Fowler,	Selden H. Talcott, A. B.,
James C. Gannett,	Warren C. Westlake,
Geo. F. Hurd,	Winfield S. Wright,
Geo. S. Hull,	Henry W. Westover, (July 1, 1872.)

The President supplemented the delivery of the degrees by a very neat and appropriate speech, in which he tendered seasonable advice to the youthful physicians before him. A flute solo—Donzetti's celebrated "Elixir d'Amour"—was then played by F. Rietzel, after which diplomas of the

NEW YORK OPHTHALMIC HOSPITAL

were conferred upon Messrs. Alfred K. Hill, Benjamin Franklin, K. Smith, C. L. Hart, —— Brooks and Geo. S. Norton. Dr. Smith took occasion to remark that it was the first time the degrees had been conferred upon any members of the homœopathic school in New York. Mr. Wales then called Mr. Wm. T. Laird upon the platform and presented him with a handsome silver medal, the testimonial of his superior efficiency in surgery. After some music from Meyerbeer's "Huguenots" Professor Kellogg read some statistics, which showed that, according to the mortality records in this city, 39,624 persons had died under private medical attendance during the years 1870–71. Of these, 2,425 had employed homœopathic practi-

tioners and 37,297 had succumbed to the old-time *regime*. S. H. Talcott, A. B., M. D., then gave utterance to an excellent class valedictory, which was received with loud applause, as was also that by Professor Carroll Dunham, on the part of the Faculty. After a benediction had been pronounced, the band played "Home, Sweet Home," and the audience dispersed, apparently much edified by the evening's proceedings.

At ten o'clock the graduates and a number of friends sat down to a *recherche* supper given by the Faculty of the Homœopathic Medical College at the Hoffman House. Toasts and speeches were in order, and the "wee sma' hours" were growing great ere the guests departed for their homes.

We publish the following short extract from the

VALEDICTORY ADDRESS.

BY SELDEN H. TALCOTT, A.B., M.D.

Members of the Faculty, Fellow Classmates, Ladies and Gentlemen:—There is no period of life when enjoyment is so untrammeled, or which aids reviews with such ever-new pleasure, as the years that are passed in academic halls. Impressible in character, and with infinite capacities for appreciating the attractions of life, there is little reason to wonder that the student, surrounded as he is by the most delightful associates, with mind unclouded by cares in the present, and dreaming of a future brighter still, should be an exceptionably happy person. Nor is it strange that men who have grown gray in arduous toil should wander back, now and then, lured by the sweet voices of memory, to the sunny days of student experience.

Yet this student life is very short, and quickly sped. Close upon it follows the practical life,—a life hard, austere, earnest, filled with imperative duties and individual responsibilities. Between these two lives, my fellow classmates, we stand to-day, having just bid adieu to the flying pleasures of the one, and about to enter upon the stern trials of the other. The years of dependence, of careless irresponsibility, have passed; henceforth our acts are to be independent, and of vital importance.

Before any great enterprise has been finally launched, it is well to pause and calculate again its dangers, its costs, and its promises. It is important in any career that a man should encounter as few unexpected and unforeseen obstacles as possible. What he has anticipated and comprehended, that, though its features are ever so repulsive, he will not be disappointed or suprised to meet, but will be fully prepared to encounter.

To us who have adopted the profession of medicine, it is superlatively important that the stern labors, the discouraging difficulties, the wearying perplexities of the life before us, should find us with minds expectant, and hearts ready.

What, then, is this life, and what are its demands?

In the first place, that familiar picture of portly, rotund health, riding along a summer road, beneath a cloudless sky, and through beautiful and

fragrant fields, we will put away. The self-denying, earnest life of the physician finds no likeness in such a picture. This life requires the rarest combination of qualities; first, and supreme, is enthusiasm.

No great,continuous effort is ever put forth in which the conceiving brain, laboring arm, and hoping heart, are not thrilled with this divine impulse. Without it we can climb no Alpine heights of wisdom, form no profound combinations of thought, discover no sublime truths. It is the spring of all great character, all great endeavor, all great achievement. It pushes men forward to unseen but glorious ends, away from the sanctions of custom, out into struggle, and hazard, and mystery; out into discovery and immortality. It is this which battles against all discouragements, supercedes all doubt, disregards all failures; which, beyond the wavering chances of the present, sees in the future the calm certainty of triumph. Enthusiasm makes a pastime of danger and sport of labor. There are no workers like those whose hearts never grow weary; no soldiers like those who go jubilant to battle. It was this that carried Napoleon over the Alps; this that made Dante one of the grandest of epic poets; and this that won the soul of Raphael into the rarest intimacy with the spirit of beauty. It was this that in medicine gave birth to the benign system of Homœopathy, and covered the name of Hahnemann with immortality. And it is enthusiasm which is needed in this our day to hold the physician steadfastly and heroically to his work. How else shall his heart be lifted above weariness, and the thought of personal ease? How else shall he be hurried out into the darkness and storm, or stimulated to descend at midnight into the cold and gloomy dens of pestilence and vice? What else shall keep him at his post when disease in new shapes crawls around him; when his judgment is at fault, and his skill is baffled: when death sweeps across the line, and, unresisted and irresistible, deals swift and terrible destruction? There is but one thing that will give a man hope and heroism enough for such crises, and that is enthusiasm.

But how is this enthusiasm to be gained? Can the glitter of promised wealth insure it? There is an indescribable, inconceivable charm in money. It takes men away from country and friends to remote lands, and among strange people. It revolutionizes dispositions, habits, characters. It nerves a man to meet danger, fortifies him against privation, fires him to deeds of villainy.

But the desire of accumulating wealth cannot engross the physician. Were this his aim he would be allured to other and more lucrative paths, and the dusty highway of medicine would be abandoned. Neither is it the star of worldly fame that beckons him on his arduous way. That strange, seductive light which leads so many an aspiring soul through murky depths and up slippery heights, never shines athwart his path. The physician must find his attractions in the beautiful concord and sympathy of the grand study he has espoused. He must be in love with his work; must find in its baffling mysteries the most winsome charms; its fatigues

and privations but paltry and trifling tax to remind him of the privileges he is enjoying.

* * * * * " *

Gentlemen of the Faculty:—The class of '72 go forth to-day, another delegation to represent this institution, and put in practice your precepts. It has been your care to prepare us as far as the limited time we nave been under your instructions would permit, for the emergencies of our profession. It shall be our care and our pride not to prove unworthy of your training. We feel that we ought to be stimulated to labor not simply by the selfish ambition to succeed, but by the thought that wherever we go, this institution will be watching us, solicitous for her own fame, and the fame of her children.

And, gentlemen, while we are capable of feeling admiration and gratitude, we shall not fail to be moved to both, in common with all the friends of this institution, by the remembrance that you have given to this college the influence of distinguished names, and the benefits of varied experience and shining talents, without money and without price. And we bid you adieu in the hope that we and others, emulating your example, may count no sacrifice too great to be made in doing homage to the profession we love.

Fellow-Classmates:—We have journeyed very pleasantly together along a common road. This road now breaks into many diverging ways, and we must separate. To-morrow we go out from this college to join the ranks of a great medical army—out to battle with that monster, Disease,—out to the relief of suffering humanity,—out into the world to bear our share of its toils and its burdens. And upon this, the only opportunity that probably I shall ever have to address you, I wish to warn you against wasting your talents and energies upon present pleasures and present gratifications; and to impress upon your minds the necessity of close application and patient, protracted study. It is certainly a great privilege which is accorded to us who go out into this age of enlightenment and progress to commence our life work; and according to the privilege is the responsibility. And before we part, my fellow classmates, to assume our responsible duties, let us pledge ourselves, by all the facilities we possess, by all the possibilities belonging to the future, by all the gratitude we feel for our *Alma Mater*, and by all the love we bear our noble profession, to be men, earnest, consecrated men, with a heartfelt and soul-inspired devotion for the great work we have undertaken to perform.

And now, with high hopes of an honorable future for us all, and with earnest pledges fresh upon our lips, I give the signal of separation. Farewell!

American Observer.

EDWIN A. LODGE M. D., DETROIT, MICH., GENERAL EDITOR.

HALE ON DISEASES OF THE HEART.—CORRECTION.—I am mortified to find that an error, which I am positive I corrected in the "proof" of my "*Lectures on Diseases of the Heart*," and which I supposed the printer had remedied, remains in the stereotype plates. I can only explain it by the fact that the last, or revised proof of that chapter did not come under my eyes, but was entrusted to the proof-reader in my absence. The sentence was as follows: "the first sound of the heart is caused by the dilatation or diastole of the ventricles," etc. Now, every student of medicine knows that the first sound is a *systolic* sound, caused by the *contraction* of the ventricles. When I read the *first* proof I saw the error, and was so annoyed that I re-wrote the whole passage and *pasted it over* the proof. In future editions this shall be made right. E. M. H.

MESSRS. WM. R. WARNER & CO.—One of our subscribers objects to the insertion of the advertising sheet of these gentlemen. By mistake he classes their preparations with nostrums. Messrs. W. R. W. & Co. state that they do not in any way engage in or promote the manufacture of quack or secret medicines. Their labels bear the name and composition of their preparations.

We have persistently refused to advertise any patent medicines or nostrums, no matter what price may be offered for their insertion. Messrs. W. & Co.'s statement we believe to be correct, and that the composition of all their preparations is made known. They are doubtless engaged in a legitimate business, and those who use such articles in their practice will find they are prepared with fidelity.

C.
D.
G. TIEMANN & CO.
B.
A.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

AN INSTRUMENT FOR THROWING SPRAY INTO THE MIDDLE EAR.

BY CHARLES E. HACKLEY, M. D.

[*From the "Medical Record," Sept. 15th, 1871.*]

Since the discovery of the possibility of making application to the middle ear, through the Eustachian catheter, many aurists have resorted to this method of medication, and many different appliances have been devised for its accomplishment.

About six years ago I had a nebulizing apparatus made on the plan of Richardson's, but with a long nozzle in the shape of an Eustachian catheter, the bottle holding the liquid to be nebulized being very small. It was hoped that the spray produced would be forced into the middle ear; but I was never able to convince myself that this really occurred.

On the other hand, it was a matter of daily observation that the sudden impulse given by Politzer's method of inflating the ear, forced air through the Eustachian tube, and when the membrana tympani was ruptured, even through the external meatus.

Here was a hint on which Mr. Bishop, of London, acted, and devised his nebulizer for the Eustachian tube, which is figured in the translation of "Troltsch on the Ear." The translator remarks, "It is a very awkward instrument;" and adds, "I prefer one made similarly to Richardson's local anæsthesia apparatus. The tube is like that of an Eustachian catheter, and is introduced the same way."

An objection which might be made against Mr. Bishop's apparatus, in this country, at least, is its cost.

For the past year I have been using his principle, differently

applied. As the same principle may be used for throwing nebulized fluids into the posterior nares, larynx, &c., when only a momentary application is desired, a description of its application may be interesting to those economically inclined. My apparatus consists of an air-bag, an Eustachian catheter, with a hard-rubber nozzle to fit in its mouth, a piece of rubber tubing, and a hypodermic syringe—all of which articles are in the possession of most surgeons paying any attention to ear diseases.

The nozzle of the air-bag is inserted into one end of the rubber tube, the tip to fit in the catheter being placed in the other end. The hypodermic syringe is filled with the liquid to be employed, then its point passed through the tube and out through the calibre of the hard-rubber tip for the catheter, as shown in the cut.

The mouth of the Eustachian catheter B being fitted over the hard-rubber tip A, and held there, if sudden pressure is made on the air-bag, while the piston of the syringe is forced home, the liquid will be thrown through the catheter in the form of spray.

In using this apparatus for the treatment of ear diseases, the catheter should be carefully introduced through the nose, and placed in position. Then, while the diagnostic tube is placed in the ear, the hard-rubber tip should be inserted in the catheter, and *air alone* forced through to determine whether the catheter be properly in position. If found to be so, the piston may be pressed on at the same time that air is forced through. During this experiment the catheter may be held in position by clamps for that purpose, or may be held by the fore and middle fingers of the left hand, while the thumb of the same hand presses on the piston, the other hand being used to work the air-bag.

It is well to have a small round opening made in the air-bag, as at C; while the air is being forcedout, this may be closed by the finger, which then being removed, the bag refills more readily than it would otherwise.

In passing, it may not be amiss to note a hint taken from

Dr. Robert Watts, viz., the use of the ordinary air-bag instead of the double bulb for the nebulizer, when we do not desire a long-continued current. The fineness of the spray being in proportion to the pressure, other things being equal, we may in this way obtain a much finer spray than by the ordinary double bulb apparatus.

In making applications to the posterior nares or larynx, &c., a catheter having the nozzle more curved, as at D, may be employed. This extra curve may readily be given by holding the instrument in hot water, and then bending it.

The bulb and tube of Davidson's syringe may replace the ordinary air-bag and the rubber tube. A very fair spray for a momentary application may be obtained by inserting the nozzle of the hypodermic syringe through the tube of Davidson's syringe, into the calibre of the nozzle, and compressing the bulb while driving home the piston. Davidson's syringe employed for this purpose should have a *large bulb.*

[Dr. Otto Fullgraff, of New York, who has under his charge the most successful dispensary (a homœopathic one) in that city, has had in use for a long time an instrument of his own construction to acccomplish the result which Hackley's Nebulizer does. But we have no cut with which to exhibit it. He also dilates the eustachian tubes all the way to the middle ear, by means of fine eustachian bougies passed through the catheter ordinarily used for that tube. The removal of inspissated secretions and mucus from the eustachian tube can also be effected. A fine groove running around this bougie (like an auger groove somewhat) at its inner end, where it projects through the catheter after insertion, would no doubt be an improvement over the perfectly cylindrical form.' J.]

THE LARGEST CONSULTING PRACTICE IN THE WORLD.—Dr. Gull, of Guy's Hospital, London, is said to have the largest consulting practice of any physician in the world—worth not less than £25,000 a year ($125,000).

SCARLET FEVER IN GREAT BRITAIN.—During the last sixteen years the losses from scarlet fever in Great Britain were not less than 100,000 lives.

DR. EDOUARD SEGUIN'S MEDICAL THERMOMETERS.

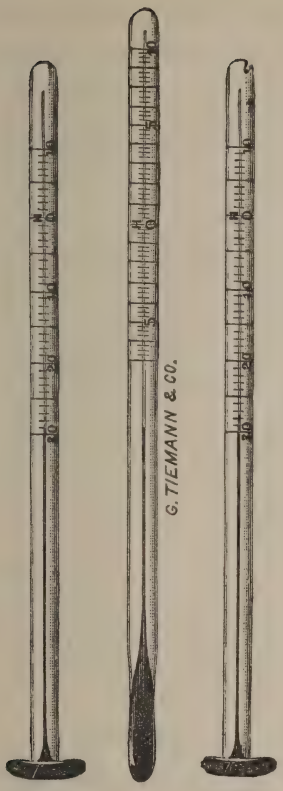
Temperature is considered as such an important element of diagnosis that the use of the thermometer has rapidly spread from hospital to private practice, and would already have met with general acceptance, if it was not for: 1. The conflict of numeration between the instruments borrowed from physicists. 2. The want of concordance of their divisions with human temperature. 3. The inaccuracy of most of those sold for *medical*. 4. The time and skill required to dress the tables of temperature.

Dr. Edouard Seguin has obviated these difficulties separately and altogether. 1. By having one thermometer for general fever and two for the comparison of surface temperatures. 2. By founding the scale of his thermometer upon the physiological temperature of man, zero; thence running the degrees (centigrade) up to mark fever, down to mark the depression of vitality; any nurse, a child, can read and understand it. 3. By rendering the sale of a vicious thermometer impossible, since the three of the same box must concord at sight. 4. By writing the temperature and the vital signs on tables of an extreme simplicity and in no time.

Of the skill with which we have realized the ideas of Dr. E. Seguin it is difficult for us to speak; but we are permitted to borrow his opinion of our efforts from his book *on thermometry*.

"It has been the fortune of my instruments of medical thermometry to come, for construction, into the hands of Messrs. Geo. Tiemann & Co., the surgical instrument manufacturers of this city; who brought in their realization the utmost ingenuity perseverance and enthusiasm. I must acknowledge, besides my gratitude, that, in my estimation, Messrs. Geo. Tiemann & Co. stand relatively to this new system of medical thermometry, in a position somewhat akin to that of L. Casella of London, in regard to the self-registering thermometer of Dr. Aitken."

INSTRUCTION.

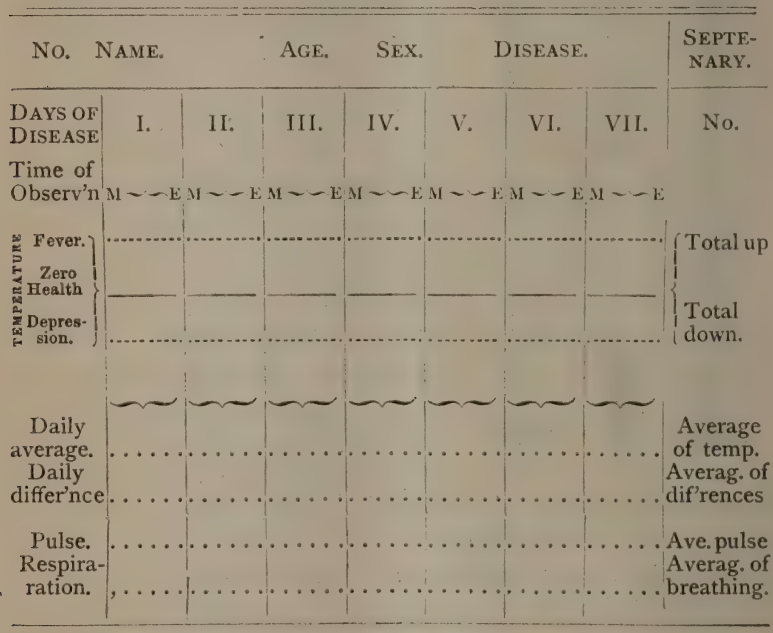


1. *For the use of the fever-thermometer.*—It may be inserted in the axilla, in the mouth, between the thighs, or for special reasons in the vagina or rectum. Previously to introduction, warm it in the hand or otherwise almost to zero-health. If it is self registering, hold the bulb downward in the hand, and with one or two moderate swings of the arm, bring the upper end of the index almost to zero-health (carry it upside down to prevent the mixing of the two columns of mercury in one. The indications are read from the *upper* part of the index (higher column of mercury.)

2. *For the use of the surface-thermometers.*—Have at least two of them perfectly alike. If their correctness becomes altered by usage or accident, make the compensation in your mind, or change them. When you want to take an observation *(a)* warm them equally about 3° below zero-health, 34° cent.=27.20 Reaum. 93.25 Fahr.; *(b)* apply them perpendicularly, by simple *opposition*, (without pressure) to the surfaces selected, in this wise: *(c)* upon a bi-lateral region, one instrument on the sick, the other on the well side; *(d)* on a mono-organic region, one instrument for instance over the womb, the other at the pit of the stomach *(e)*. Leave them three minutes and read, then two minutes more, to make sure that you have attained the pathological difference of temperature between two points whose physiological temperature (in health) is alike *(f)*. It is often necessary to apply at the same time the ordinary thermometer in the axilla, to see the amount of fever-temperature communicated to the system by the local

process *(g)*. For continuous observations, a belt with holes of the diameter of the stem of the instruments maintains the latter, wherever it is of interest to follow the *differences* and *the variations* of temperatures caused by disease, medication, exercise, study, &c., &c. Indeed the applications of the surface thermometers to pathology, surgery, physiology and organic chemistry are already too numerous to mention.

Dr. E. Seguin's Clinical Chart of Temperature, Pulse, Respiration, and progression of the symptoms toward the crisis, by Septenaries.



The first line is given to number of the thermometer (use always the same with the same patient), to name, age, sex and septenary. The second is divided in seven cells for the numeration of the days of the septenary, beginning with the first of the disease. The third line is divided into fourteen cells for the morning (M) and evening (E) observations, besides a supplementary cell for the sum of the temperature of this septenary; each record is written under the day of the disease it

belongs to, eventually leaving blank several of the first days of the disease which have not been observed.

These records run up and down the zero line of health, which separates horizontally in two this third division, exactly as the temperature passes up and down the zero point in the thermometer itself. On this double line can be read, at one glance, the daily remissions and exacerbations, the acme of the collapse, the effervescence and the defervescence, besides the possible relation of the latter phenomena to the doctrine of the crisis. (To use this line to record the surface thermometry, the M and E are altered into the initials of the two points of the surface under comparison.) The fourth line, divided in eight cells, gives the daily average of the observations recorded in the third, *plus* the septenary average. The fifth line gives the daily and weekly differences, the sixth records the pulse, and the seventh the respiration. Every new septenary comes *en suite* of this, without repetition of the headings, of course.

A NEW METHOD FOR THE TREATMENT OF STRICTURE OF THE RECTUM.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MO.

Organic stricture of the rectum is fortunately a disease of rather rare occurrence; but, nevertheless, when really existing, one that is of no slight annoyance to the physician or surgeon, as well as to the patient.

The symptoms are colic, constipation alternately with diarrhœa, inability to pass but a small quantity of fecal matter at a time, the fæces being elongated, and sometimes in balls, resembling those of the sheep; the fæces are also covered with glairy mucus, occasionally streaked with blood. There is also pain in the loins, and a sensation of tightness or constriction in the lower bowel, impeding defecation. All these, however, and other subjective symptoms not enumerated, are not of sufficient note to form an accurate diagnosis; and a physical examination of the rectum must be instituted.

On digital examination, the bowel is found to be, at a point, usually within three or four inches from the anus, very much thickened and contracted; there is a form of stricture, however, known to surgeons as the annular, in which the thickening is of no very great extent, and the gut appears as if it were tied with a string. We may also occasionally have a spasmodic stricture, which is generally of no great importance and passes off without necessity of surgical treatment. When this condition of organic deformity is found to exist there need be no further hesitation in the diagnosis, for it is complete.

Stricture is frequently complicated with, and often dependent on, cancer, fistula and hæmorrhoids; it may also be caused by mechanical injuries, resulting from the introduction of instruments or other hard substances, and even by hardened fæces remaining for a long time in the rectum.

The surgical treatment of this difficulty has heretofore been either to dilate by bougies, gradually increasing the size until the stricture was overcome, or to divide at once the contracted and indurated tissue by incision. Both of these methods are, however, quite unsatisfactory; the first by reason of its being extremely tedious, it often requiring months to reach the desired result, and the fact that often the rectum is too sensitive to permit of such frequent manipulations; the second is rendered objectionable by the hæmorrhage and inflammation following the operation, the danger of forming a permanent opening in the gut, and the formation of cicatricial tissue, increasing the original malady.

I will now proceed to give in detail a case I was called to see a few months since, together with its successful treatment.

Mr. B., age forty-five, sanguineo-nervous temperament, and extremely irritable, had suffered from fistula and hæmorrhoids for many years; was finally informed by his physician, an eminent allopathic surgeon, of this city, that he also had a stricture. After ineffectual attempts to overcome by dilatation, he became discouraged, and determined to try homœopathic means for his cure, and as a consequence I was called to see the case.

On digital examination, I found the location of the stricture to be about four and a-half or five inches from the anus, being considerably higher than usually found; the rectum was very sensitive to the touch, and a number of small ulcers were revealed by examination with the speculum. The strictured part was so much contracted as scarcely to admit a No. 9 urethral bougie.

In thinking of the treatment I was at a loss to know what to do; first, it would be dangerous in the extreme to use the knife in a condition of the rectum so complicated, and the bougie, owing to extreme sensitiveness of the parts, he could hardly withstand once for an examination, much less every day or two for the purpose of dilatation. He was put under appropriate constitutional treatment, and a solution of *Hydrastis* was ordered to be used locally to the ulcers; and I took time to deliberate. *Finally it occurred to my mind that I could use the laminaria digita or sea tangle tent,* and the more I pondered over it the more feasible did it appear, accordingly I introduced one of the smallest tents, without great difficulty, and on withdrawing, twenty-four hours later, found, to my great delight, that I could, with very little pain or inconvenience, introduce a small rectal bougie! After allowing three days to elapse I introduced the largest tent I could procure, and on removal, after remaining twenty-four hours, found that the largest size rectal bougie passed the former site of stricture readily, and without occasioning but a small degree of pain. For a few weeks I occasionally introduced the largest rectal bougie, and finding no tendency to recontraction or narrowing, I discharged him, and up to present date, some eight months later, he has had no return of the stricture, and considers that he is as free from it as before it existed.

The method employed in this case is, I think, a brilliant success, and one that is bound to supersede, in the majority of cases, if not entirely, the tedious and barbarous means heretofore in vogue.

Pathology and Microscopy.

A NEW THEORY OF SUNSTROKE.

LETTER FROM A SUFFERER.

To the Editors of the Evening Post:

Cases of the serious and often fatal effects generally ascribed to solar heat, and commonly termed "sunstroke," have become so numerous in the northern states, and especially in New York city, that considerable solicitude and interest are manifested by laymen as well as physicians in all that relates to this malady.

Medical literature contains very little upon this subject, and many physicians have frankly admitted to the writer that their knowledge of the causes and treatment of sunstroke is very limited.

These facts are my apology for publishing the details of a single case (and that my own) which, if peculiar or curious, are also strictly true. While my experience may be of practical use to some patients of the same class, I trust that some competent physician may be induced to make investigations in the same direction, with a view to the prevention as well as treatment of this malady.

I have always heard sunstroke attributed to the effect of heat, solar or otherwise, and the very definition of a synonymous term for these symptoms, "insolation," is "the effect of extreme (solar) heat upon the living system." I believe that in some cases of "insolation," and in more cases of convalescence, a somewhat obscure element of the sun's power plays an important part, viz., actinism (1).

For my present purpose, it is sufficient to recall the fact that in the solar spectrum certain rays are recognized as productive of heat, others of light, while there are others which exert a powerful and rapid influence upon various chemical combinations, as in photography, and are known as the chemical or actinic rays.

Mine was a genuine case of sunstroke, occurring three years ago, upon a cool, cloudy day, early in the forenoon, but follow-

ing several days of previous exhaustive heat and exertion (2). There was no perceptible determination of blood to the brain, but rapid and entire prostration of strength, and for ten subsequent weeks (until October) I could not bear the rays of the sun upon the head or upper spine, under any ordinary protection, without an immediate recurrence of the original symptoms (3).

Previous to the attack I had always borne the highest temperature and the hottest rays of the sun, here and in the tropics, with absolute impunity. During these ten weeks if, at any time between sunrise and sunset, I allowed the sun's rays to fall upon my head for one second, even though covered by a thick felt hat, I experienced an instantaneous *shock* upon my brain, followed by prostration and a scalding sensation at the top of my head. I soon observed that during many cloudless, glaring days, with very high temperature, this peculiar influence of the solar rays upon my head was less perceptible, while it was at its maximum when the sunlight was obscured by clouds and a hazy atmosphere, with poorly defined shadows, as in August—"dog days" (4). I speak now of the simple effect of the *solar rays*, unconnected with any other influence.

During an August evening of that summer I walked out bareheaded under a full moon, and to my astonishment felt the same influence so quickly and unpleasantly that I was compelled to return for my felt hat. This experiment I repeated several times, and always with the same result. It will be noted that the hat which protected me from lunar influence was of no avail against the sun (5).

When I told my physician of the effect upon my brain of the moon's rays, his compassionate reply revealed his conviction that my mind partook of the weakness of the brain, and that I was in more senses than one a "lunatic." Perhaps this phenomenon will be explained further on.

After October I could expose myself freely without any sensation of discomfort from the sun, although a very thick cap was necessary to protect the sensitive brain from severe cold; but in March following, during winter weather, the baleful power of the sun seemed to return, and for six months more my life was a running fight with the old enemy (6). As long as I avoided the direct or reflected rays of the sun I felt well, and could transact my business as usual; but a single touch of his wand paralyzed all nervous energy. It was during this summer that I began to consider the peculiarities of my case in earnest, and to seek for myself the cause and remedy I had failed to obtain from physicians.

It was evident that the continuance of this abnormal condition of my brain and nervous system was not due to heat alone, and I seriously doubt whether heat alone produced it (7).

During convalescence I often tried exposure to artificial heat equal to and exceeding that of the solar rays, without inconvenience. The lunar influence was in itself proof of a more obscure cause.

Now, the lunar rays are very deficient in illuminating power, and of so faint calorific power as to be imperceptible by any but the most delicate instruments. But so strong is the actinic influence of the lunar rays that large and perfectly distinct photographs have been taken of the moon itself. Of this fact I was ignorant at the time I made the experiments (8).

If excessive or long-continued heat is the chief cause of insulation, why are not sunstrokes common in the tropics, where the thermometer reaches 110 deg. in the shade? There they are exceptional, and there are annually more cases of sunstroke in New York city than in all our southern cities combined (9). People of all conditions in life are liable to attacks of this nature; those who live in ease, in airy, comfortable homes, as well as the laborer or the destitute poor.

It is a fact that it requires longer exposure of a sensitive plate to the sun for the production of a photograph in the tropics than in London or Paris (10). The effect of the solar rays on my head (during convalescence) was instantaneous. Heat can not be transmitted with such rapidity, but actinic rays act instantly, and the skull admits these rays freely (11).

I am satisfied that in my own case, and in one other with which I am familiar, the actinic rays continued, if they did not originate the trouble, and I now leave it with scientific physicians to determine how far the rule may apply to others, for the prevention or cure of sunstroke, so called. That the symptoms of insolation sometimes occur without direct exposure to the sun, and in which heat plays a principal part, I have no doubt. And it is true that sunstroke occurs only in hot weather (12). But the same may be said of yellow fever. Why rest content with a doubtful theory in the one case, while every circumstance connected with the other is carfully investigated? Why refer solely to "temperature" and "over-exertion," effects which in other climates do not accompany similar conditions?

But to the practical application of my crude observations. After some experiments I was led to adopt for protection in summer the ordinary "stovepipe" hat, with a lining of orange-colored and blue cloths. The orange cloth is the same used by

photographers to exclude the actinic rays, and the blue seems to filter the calorific and the illuminating rays to a considerable extent (13). A sun umbrella of orange or yellow cloth would be an additional safeguard, and adds much to comfort. Thus prepared I can brave the sun without fear, and I rarely experience any of the disagreeable sensations to which I was so long a victim. Without this protection I cannot yet bear the rays of the summer sun. There is no "patent" on this simple means of defense, and I trust that the public will freely use it.

A still more perfect lining would be found in tin or other foil, thick enough to entirely exclude all solar rays. Ventilation could be provided for, and the expense would be trifling.*

"HIGHWOOD."

New York, June 28, 1871.

1. If actinism plays an important part, why does not sunstroke occur in the seed-germinating months—the season when the actinic element of light is in excess potentially?

"In the spring I find the actinic principle the most active, and, as compared with light and heat, in a very considerable excess.

"As the summer advances, the quantity of light and heat increases relatively to the actinic principle in a very great degree.

"In the autumn, light and actinism both diminish, and the calorific radiations are, relatively to them, by far the most extensive."—*Hunt's Researches on Light, 2d ed., p. 239.*

2. We would rather call this a *partial* insolation. In complete sunstroke a cardiac, and a cerebro-spinal variety are noticed: in the former there is "syncope, often instantly fatal;" in the latter, "insensibility and stertorous breathing, with or without convulsions," obtain. Both have certain precursory symptoms, among which are "thirst, heat, and dryness of skin, vertigo, congestion of the eyes, and frequent desire to micturate." But we are chiefly to consider the effect of actinism in this case. Because it occurred upon "a cool, *cloudy* day," consequently less light and *heat*, an actinic influence is inferred. But Hunt writes—*Op. Cit., p.* 366—"The vapors produced by the heat of the sun make the sky appear slightly tinted

* Our attention was very recently called to the above by its author, and we append a few comments upon his theory. It would be well if all *sufferers* were as observing.

with yellow, from the horizon to a certain height. In these circumstances photographers must have observed that the operation in the camera obscura is excessively slow." This makes the *actinic* influence problematical.

3. During all which time actinism is *minus*, while light and heat are *plus*.

4. So far as the theory is concerned, this testimony is negative in regard to actinism. Other quantities, ozone, antozone, electrical tension, &c., must be considered in explaining this testimony.

5. This does not pertain to actinism, but to the influence of a lowered temperature upon an hyper-sensitive subject, for after the October following he found a *very thick cap necessary to protect the sensitive brain from severe cold.* A moonless night with the same temperature would have given the same result.

6. The very month wherein Draper found that the red and orange rays exercise a protective power against the chemical effects of the blue. In other words, light and heat neutralizing actinism.

7. Knowing our author as a patient, we also seriously "doubt whether heat alone produced it." He was below par when his sunstroke occurred.

8. On the contrary, in moonlight there is a *minus* of actinism. "I could not," says *Hunt, p.* 240, "with the utmost attention, make the *agaricus muscarius* grow behind any other absorbent media than the yellow, under which it grew luxuriantly. This appears, in some measure, to explain the popular notion that mushrooms, and plants of that variety, grow most abundantly under the influence of bright moonlight. It has been found that the heat of the rays of the moon is very limited, *and the amount of chemical action which has been detected is exceedingly small;* we must therefore regard the moonbeams as consisting largely of the luminous rays, the other active rays being in all probability absorbed by the moon's surface."

9. And there is more exposure from going about *at work* in New York; a much greater strain upon the nervous system from the exciting stimulus of competition; probably there is

also more whisky, &c., "punished." But the per-centage of cases in New York will not equal that which a like mode of life will give in the East Indies.

10. True; but in the tropics, where more cases occur, such actinism as is in the sunbeam is still further neutralized by the light and heat.

11. Best tested by experiment with differently colored media, so as to get respectively an excess of light, heat, and actinism separately.

12. That is, when actinism can produce only its minimum effect.

"Actinism produces none of the phenomena of light or heat. It is much more refrangible than either. Where light and heat exist in their greatest force actinism cannot exert its power; therefore, on all the preparations of gold, silver, &c., the spaces covered by the yellow and the red rays produce no effect, but the maximum of chemical change is found to exist where there is least light, and scarcely a trace of heat."—*Hunt, p.* 308.

13. The orange would exclude actinic rays; but the blue admits a *plus* of them: combined, we should, from theoretical considerations, expect benefit.

"The British soldiers in India in general bear the fatigue of forced marches under the burning sun of that climate better than the native Hindoos."—*Jones, C. H., Functional Disorders of the Nervous System, 1st ed., p.* 113.

If a non-actinic tint is of any avail, the color of a native's skin should give him the advantage. The head-covering worn in India is white. S. A. J.

LOSTORFER'S SYPHILITIC DISCOVERY.—*(Medical Record.)* Professor Wedl contests the discovery of peculiar bodies in syphilitic blood, and asserts that they are only masses of fatty partacles and protoplasm, which are found in healthy blood.

DEATHS FROM SMALL POX in the seventeen chiefest towns in Great Britain, during the year past, amounted to the number of 13,174, according to statement of *Medical Record* of New York.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

THE MEDICAL JURISPRUDENCE OF ABORTION.

BY SAMUEL WORCESTER, M. D., BURLINGTON, VT.

This subject has attracted much attention of late, on account of the wide-spread publicity of the so-called "Trunk Mystery," and the various articles that have appeared in reference to it in the papers and journals throughout the country. The remarkable circumstances connected with the above case, and the speedy punishment of the offender, Rosenzweig, are too well known to need relating here; but it may not be amiss to examine a little into the law in relation to the crime, and to show a radical defect in its provisions as existing in most States—but a defect that promises to be amended in at least one.

The number of those who follow the profession of an abortionist is rapidly increasing, and persons engaged in the nefarious practice no longer seek concealment; but their advertisements form no small portion of the revenue of many of our secular, and some even of our religious, newspapers.

According to writers on medical jurisprudence, the destruction of a fœtus in utero was, by the common law, a high misdemeanor; and if the child died after its birth the offense was murder. It has also been determined that the law casts its protection around an unborn child, from the first stage of its ascertainable existence, whether quickening has taken place or not. *(Wharton & Stille's Medical Jurisprudence.)*

In the State of *Vermont* the law is as follows:

"Whoever maliciously and without lawful justification, with intent to cause and procure the miscarriage of a woman then pregnant with child, shall administer to her, prescribe for her,

or advise and direct her to take or swallow any poison, drug, medicine or noxious thing; or shall cause or procure her with like intent to take or swallow any poison, drug, medicine or noxious thing; and whoever maliciously and without lawful justification shall use any instrument or means whatever with the like intent; and every person with the like intent knowingly aiding and assisting such offenders, shall be deemed guilty of felony, if the woman die in consequence thereof, and shall be imprisoned in the State prison not more than ten years, nor less than five years; and if the woman does not die in consequence thereof, such offenders shall be deemed guilty of a misdemeanor, and shall be punished by imprisonment in the State prison not exceeding three years, nor less than one year, and pay a fine not exceeding two hundred dollars."

The *Massachusetts* law is more severe, allowing the judge in his discretion to order imprisonment for twenty years, in case the woman die; and making the fine two thousand dollars. It also adds a law that, in substance, is as follows: "Every person who shall knowingly advertise, or print, publish, circulate or distribute (or knowingly cause the same to be done) any pamphlet or printed matter of any kind by which knowledge is given as to the place where, or the person from whom, any means or knowledge of means may be obtained for the purpose of causing an abortion, shall be punished by imprisonment or fine."

In *New York* any person who procures an abortion, "*unless necessary to preserve the life of the mother*," shall, in case of the death of the child or mother, be deemed guilty of manslaughter in the second degree, punishable by imprisonment not exceeding seven years. In case death neither of the mother nor child ensues the penalty is imprisonment. Any woman soliciting any drug or substance and taking the same, or submitting to any operation with intent to procure a miscarriage, shall be guilty of a misdemeanor, and upon conviction be punished by fine and imprisonment.

Virginia retains the principles of the above laws; but adds: "No person shall be punishable, by reason of any act mentioned in this section, where such act is done in good faith, with the intention of *saving the life of such woman or child*."

There is one point of weakness common to all these laws except that of Virginia, viz: that no justification for inducing

miscarriage is allowed, except to save the life of the mother, whereas the laws of Virginia recognize the fact that the intention of saving the life of the child is equally to be urged as justifiable; and we all know that cases occur in practice where we think that a premature labor may give the child a chance for its life, and yet it may not be demanded merely by considerations as to the safety of the mother.

Recognizing this defect in the law as it now stands on the statute book, the New York Medico Legal Society have introduced a bill into the Legislature which it is hoped will prove satisfactory. The bill is substantially as follows: "Any person who shall administer to any woman with child, or prescribe for any such woman, or advise or procure her to take any drug, medicine, substance or thing whatever, or shall use and employ, *or advise or procure her to* submit to the use and employment of any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, unless the same shall have been necessary to preserve her life, *or that of such child*, shall, in case the death of such child or such woman be thereby produced, be deemed guilty of murder in the first degree, and punishable as such with death."

This proposed amendment is referred to in the *American Observer* for February, 1872, page 38, where Judge Bedford quotes it in his charge to the grand jury; but upon reference to the article it will be seen that one of the most important points has been omitted.

One great difficulty in convicting in cases of abortion is the obtaining of sufficient evidence to satisfy not only public opinion but also the demands of the law. Scarcely a week passes in the experience of a physician in large practice but what he is applied to for the purpose of enabling some one to miscarry, or to succor some one whose life is in danger from her own ill-directed efforts for the same object. As long, however, as the woman herself is equally under the ban of the law with the person who procures the abortion, just so long will it be almost impossible to convict, as it would be difficult to get any one to testify when there is danger of self-crimination. If the woman die, however, there is sometimes an investigation so thorough that circumstantial evidence may be strong enough to satisfy even legal doubts.

Much good would be accomplished if the proper officers of the law would indict and prosecute all newspapers publishing advertisements directly or indirectly tending to encourage the nefarious business. Then and not until then can we hope to see some prospect of a stop being made to the public and private practice of the crime of abortion.

Climatology.

HEALTH AND LIFE,

As Influenced in the United States by Climatological and Topographical Conditions.

BY PROF. H. P. GATCHELL, M. D.*

The following statistics, illustrating the relative salubrity of the different sections of the United States, are derived chiefly from the Eighth Census Report, to which also its terminology and classification of diseases are mainly conformed.

While the returns from every section are defective, they are acknowledged to afford a tolerably fair statement of comparative mortality, and especially of the ratio of deaths from particular diseases.

The two tables that I present, afford a summary view of the relative salubrity of different sections; and the explanations appended are sufficient for a full understanding. The only territorial divisions common to the two tables are the High Interior and the Pacific.

The reader should remember that a comparison, extending through a considerable number of years, is necessary to obtaining exact results. But, though another census may change considerably the ratios of individual States, it can not greatly modify the results for large sections, unless for those composed of new States and Territories; the rate of mortality being, in general, less in new and sparsely peopled than in old and densely peopled States, presenting similar climatological and topographical conditions. The mortality is usually much greater in cities than in the country. The greatest mortality occurs at the extremes of life, especially at its commencement.

Excessive heat is more fatal to the white race than excessive cold, at least within the limits of the temperate zone. Humidity of atmosphere aggravates the effects of both heat and cold. The most humid regions are those in the vicinity of the

* From "Hints to Medical Examiners." by Geo. Emmet Hall, M.D., by permission.

Gulf, of the two oceans and of the lakes, particularly the southern and eastern shores of the latter. The driest region is the high interior.

TABLE FIRST.

Ratio of Mortality to Every Ten Thousand People.

LOCALITIES.	1860.	1850.	Average.
Lower Mississippi Valley,	181	238	204½
Atlantic Lowlands,	134	145	139½
Intermediate Region,	132	119	125½
High Interior,	126	192	159
Extreme Northeast,	124	125	124½
Alleghany Region,	108	96	102
Extreme Northwest,	98	101	99½
Pacific Coast	95	92	93½

EXPLANATION.

The Lower Mississippi Valley comprises Louisiana and a breadth of two counties along each bank of the river, as far north as Cape Girardeau, in Missouri.

The Atlantic Lowlands comprise a general breadth of two counties along the coast, from Delaware to Florida, inclusive.

The Intermediate Region comprises the country extending from the Alleghanies to the Lowlands of the Atlantic on the east, and to those of the Mississippi on the west.

The High Interior comprises New Mexico and Utah.

The Extreme Northeast comprises Maine, New Hampshire and Vermont.

The Alleghany Region extends from Pennsylvania through Virginia, East Tennessee, &c., to North Alabama.

The Extreme Northwest comprises Wisconsin, Iowa and Minnesota.

The Pacific Coast comprises California, Oregon and Washington.

The Lower Mississippi Valley, with its alluvial soil, great heat and moisture, will always present a large ratio of mortality. The influence of these causes is not limited to the immediate vicinity of the river, but extends throughout the neighboring States. While the mortality from consumption is small, that from fevers and inflammations is so large as to render it very unfavorable to health and life.

The Atlantic Lowlands consist of alluvial valleys, swamps and pine barrens, the latter being characterized by salubrity; but there is a sufficiency of the two former to generate a large ratio of febrile and inflammatory diseases, notwithstanding that

the heat is tempered by the neighborhood of the ocean. It is due in part, perhaps, to the influence of the ocean that the mortality is much less than that of the Mississippi Valley in corresponding latitudes. As in that region, so in this, consumption is but little prevalent.

The Intermediate Region, in general productive and salubrious, is not so much characterized by marked exemption from or liability to any particular diseases, as by a moderate liability to all. There is, however, a larger ratio of bronchitis, scrofula and diseases of the bones than in most other sections of the country. The climate is very variable.

The High Interior is, in all probability, a decidedly salubrious region. The ratio of mortality is considerably increased by the great number of deaths from violence in New Mexico where the majority of the population existed at the Census of 1860. It is not so much characterized by the prevalence of any particular diseases as by *its marked exemption from consumption.* The climate is subject to great extremes. It is not uncommon for the mercury to fall 40° or 50° between noon and midnight. But the singular dryness of the air causes this great fluctuation to be felt much less than in lower and more humid regions.

The Extreme Northeast probably furnishes more full returns than most other sections, and thus increases unduly the comparative ratio of mortality. Its liability to fevers and inflammations is but moderate, but the mortality from consumption exceeds that of any other section. The climate is rigorous, but invigorating.

The Alleghany region has always been noted for its salubrity. The country lying on the Western slope of the Alleganies, and between them and the Blue Ridge, is unsurpassed if not unequaled, in this respect, by any other long settled portion of the United States. And this salubrity increases, according to the Census of 1850, from the Pennsylvania line to the 34th parallel of latitude, in Georgia. There was a mortality to the ten thousand of 103 in Middle and Western Virginia, of 84 in East Tennessee and Western North Carolina, and of 69 in Georgia, between its northern line and the 34th parallel.

It is not characterised by the prevalence of any particular diseases, but is most noted for the small ratio of consumption in its Southern portion. The deaths from consumption were 99 in the thousand in Middle and West Virginia, 66 in East Tennessee, 33 in Western North Carolina, and 28 in Northern Georgia. While the winters are not severe, the summers, especially in the Southern portion, are, for the latitude, remarkably cool and pleasant.

The Northwestern States present a very small ratio of mortality. This is due, in part, to the fact that they have been recently settled by a vigorous people, many of whom are in the prime of life; but it is due, also, to the extraordinary salubrity of the country. Nowhere else in the United States, if in the world, is there so healthful a region, including so great an area as the belt between the 42d and 49th parallels of latitude, extending from Lake Michigan to the Cascade Mountains, if not to the Pacific coast. And yet a great contrast exists between the climate of the Eastern and Western portion of this belt, the latter being characterized by great uniformity of temperature, as the former is by great extremes of heat and cold, somewhat tempered in the immediate vicinity of the lakes.

The superior salubrity of the Northwest is made conspicuous by a comparison of Wisconsin and Vermont in the same latitude.

	1850.	1860.	Average.
Wisconsin,	97	93	95
Vermont,	102	108	105

But the difference in salubrity does not fully appear in the foregoing statement. Not only is Wisconsin not the most salubrious of the Northwestern States as Vermont is of the Northeastern, but there is a considerably greater proportion of children in the former than in the latter, so that with equal salubrity, the ratio of mortality should be greater instead of less in Wisconsin than in Vermont.

In consequence of the dryness of the atmosphere, it has a small ratio of consumption for a Northern latitude.

The Pacific Coast, like the Northwest, presents a very small ratio of mortality, due partly, as in the latter region, to the vigor which pertains to the recent immigration. The very small proportion of children, also, in California, where the great mass of the Pacific population is found, tends still further to reduce the ratio of mortality. With the lapse of time, it will probably present a larger ratio than the Northwest, especially as its hot interior valleys, comprising a large portion of its habitable area, are exceedingly subject to fevers. The ratio of mortality from consumption* also equals and probably exceeds that of the corresponding latitudes on the Atlantic coast; but it is remarkably exempt, on the coast, from the more active inflam-

* Oregon reports a less ratio than California; but the population is too small and too recent to make the returns valuable. The probability is that its extremely humid winters will generate not a little consumption.

matory diseases of the lungs. This is due, no doubt, to the singular equableness of the temperature of this region.

TABLE SECOND.

Most Prevalent Diseases.

NORTH.	SOUTH—*continued.*	NORTHEAST.
Cancer,	Teething.	Cancer,
Apoplexy,	Worms.	Consumption,
Epilepsy,	Skin,	Disease of Throat,
Paralysis,	Heat.	Apoplexy,
Consumption,		Epilepsy,
Heart,	WEST.	Hydrocephalus,
Hepatitis, &c.	Tetanus,	Diseases of Brain,
Diabetes,	Bronchitis,	not specified.
Urinary Organs,	Pleurisy,	Insanity,
	Pneumonia,	Cholera Infantum,
EAST.	Quinsy,	Urinary Organs.
Cancer,	Fever, Intermittent,	
Apoplexy,	" Remittent,	NORTHWEST.
Paralysis,	Gastritis,	
Asthma,	Fever, Puerperal,	Convulsions,
Consumption,		Enteritis,
Heart,	HIGH INTERIOR.	Fever, Puerperal.
Urinary Organs.		
	Fevers,	SOUTHEAST.
MIDDLE.	Erysipelas,	
Bronchitis,	Childbirth,	Fever, Typhoid,
Scrofula,	Violence.	Dropsy,
Bones and Joints.		Asthma,
	PACIFIC.	Fever, Puerperal.
SOUTH.	Fever, Remittent,	
Dropsy,	Scarlatina,	SOUTHWEST.
Tetanus,	Small Pox,	Dropsy,
Asthma,	Syphilis,	Fever, Intermittent,
Bronchitis,	Fever, Infantile,	" Remittent,
Pleurisy,	Apoplexy,	" Yellow,
Pneumonia,	Hydrocephalus,	Diseases of Brain,
Quinsy,	Diseases of Brain,	not specified.
Fever, Intermittent,	not specified,	Tetanus,
" Remittent,	Asthma,	Pleurisy,
" Yellow,	Enteritis,	Pneumonia,
Dyspepsia,	Childbirth,	Quinsy,
Gastritis.	Suicide.	Disease of Throat.

EXPLANATION.

Of diseases, some are very much and some are very little influenced by climate. I have aimed in this table to present those that are in a great degree determined by meteorological and topographical conditions, though habits of life have much to do with liability to and immunity from most diseases. This is especially true with regard to chronic diseases of the nerv-

ous system, and in some degree those of the heart; these two classes, particularly the former, being greatly increased by the vicissitudes of commerce, and by anxiety incident to the struggle for subsistence in the more densely peopled portions of the country.

NORTH.

Diseases of the nervous system, heart, liver and urinary organs, together with cancer and consumption, predominate in the North. There can be but little if any doubt of the climatic origin of the most of these, and that they are due in a great measure to the influence of cold, or of cold and moisture combined. To what extent the chronic diseases of the heart, and more particularly of the nervous system, may be caused by greater intensity of competition in the more densely peopled States, and by the reverses of fortune that attend on commerce and manufactures, would require careful study to determine; but these causes must be largely operative. The ratio of fevers and inflammations is comparatively small in the North.

EAST.

Comparisons of the East with the West exhibits a contrast very similar to that between the North and South. It suggests again the importance of habits of life, as well as of climate. As the characteristic diseases are chiefly of a chronic character, it also raises the question how much the exemption of the West may be due to the greater vigor and youthfulness of the immigrant population.

MIDDLE.

Though bronchitis prevails more in the warm South than in the colder North, yet its predominance is found to be in the Middle Region, where Northern and Southern climates contend for mastery.*

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* It is interesting to notice how a bold assertion comes to be repeated and at length to be generally accepted on the strength of the repetition. Few persons trouble themselves to inquire into the evidence in favor of any generally accepted proposition.

Through a gross mistake in the confounding of a parasitical disease in the hog with scrofula in man, it was assumed by physicians thut scrofula resulted from eating the flesh of the hog. The error has disappeared from among intelligent members of the profession whence it was derived, but it still lingers among the people. It is quite common to hear the prevalence of scrofula in the Middle Region attributed to the excessive consumption of pork, in ignorance of the fact that the disease is no more prevalent in the South than in the North, though pork is quite as much eaten in the Southern as in the Middle Region. In England and Scotland, where comparatively little pork is eaten, scrofula causes more deaths, by fifty per cent., than in our Southern States. It is probable that the eating of fat tends to prevent both scrofula and consumption.

SOUTH.

The influence of heat is conspicuous in the prevalence of fevers and of the inflammatory affections of the respiratory and alimentary apparatus. Tetanus is due to irritability of the nervous system, induced by heat and moisture. Dropsy is probably caused by poverty of blood and by chronic hepatic diseases, since diseases of the heart and kidneys are less prevalent than at the North. Diseases of the skin, inducing carbuncles, ulcers, fistula, &c., are in very great excess at the South, being eleven times as numerous at the Southeast as in the Northeast, and nearly six times as numerous in the Southwest as in the Northwest. The ratio of deaths from consumption is small, being about fifty in the thousand for the Gulf States.

WEST.

The West presents decided analogies with the South, as does the East with the North. The similarity between West and South is due, probably, to the great summer heat of the Mississippi valley. Here, as in the South, a high summer temperature is prolific of fevers;* while the sharp vicissitudes of autumn and winter acting on systems previously subjected to great heat, are productive of inflammatory diseases of the lungs. Consumption diminishes with increase of temperature and dryness, the more acute diseases of the lungs, as in the South, in part taking its place.

HIGH INTERIOR.

The returns of 1850 and 1860 are so discrepant with regard to this region that we hesitate to trust, or how much to trust, either. The Census of 1860 assigns a large ratio of fevers to New Mexico, and of diseases of the digestive organs to Utah. Traumatic erysipelas characterizes the dry interior, generally, as far East as Kansas. But what particularly distinguishes the High Interior is the small ratio of respiratory diseases, and especially of consumption. In regard to exemption from this latter disease, it is rivaled only by the Southern portion of the Alleghany Region, and by that it is possibly surpassed. I am of the opiniou that with an improved condition of the population of this region, it will rank among the salubrious sections of the country, though its Southern portion will always be more subject to fevers and will prove less healthful than the Northern.†

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* The mortality from this class of diseases was, in 1860, greater in Kansas than in any other State.

† Altitude is generally unfavorable in asthmatic cases, if associated with cardiac diseases.

PACIFIC.

Our Pacific territory extends through seventeen degrees of latitude; but this implies much less diversity of climate than would be supposed. One may set out from Point Conception, and, traveling north through twenty-five degrees of latitude, may maintain the same summer mean, that of 60°, yet on moving east three hundred miles, he will find himself in a summer of 90°. Traveling east from San Francisco half that distance, he will exchange a summer of 60° for one of 85°. The interior accordingly is very much subject to fevers, from which the coast is comparatively exempt, as it is also from acute inflammatory diseases.

The prevalence of consumption is greater than on the Atlantic coast in similar latitudes. Scarlatina, small pox and syphilis have proved very destructive, and infantile fever, (regarded as a kind of typhus,) is unusually fatal. Nor is the larger ratio of mortality from diseases of the nervous system to be attributed solely to the reverses incident to mining. The climate engenders a remarkable irritability of the nervous system. People feel as if under the influence of some stimulus, and they hurry on until they suddenly give way and die. The very small ratio of mortality on this coast is due in part to a cause common to newly settled regions, the vigorous character of the immigrants, and in part to the very small number of children, less in California, where the mass of the population was in 1860, than anywhere else in the United States. There is no likelihood of its small ratio of mortality being maintained.

NORTHEAST.

In this region we find those diseases most prevalent which characterize the North and the East, and here they are more intense. Fevers and acute inflammations are comparatively rare, intermittent fever being almost unknown. The climate is rigorous and humid.

NORTHWEST.

But few diseases characterize this region. Convulsions, (a disease chiefly of children,) and puerperal fever are more fatal than in any other section.

SOUTHEAST.

It is somewhat singular that the warm, humid Southeast should, like the dry, hot and cold Northwest, be characterized by excessive mortality from puerperal fever. That asthma and typhoid fever prevail is not unexpected.

SOUTHWEST.

In this exceedingly hot and humid region, the diseases that characterize the South and West manifest themselves in the greatest intensity. It is pre-eminently the home of fevers and of highly inflammatory diseases. Here also pleurisy and remittent fever rage almost without a parallel. Tetanus and inflammation of the brain, too, are very fatal. The mortality from consumption, as in the South generally, is small.

CONCLUSION.

Influenza, rheumatism,* neuralgia, diarrhœa and dysentery, according to the census of 1860, are but little influenced by climate; though, according to the Census of 1850, there was a pretty regular decrease of dysentery from North to South.

The greatest mortality from diseases of the respiratory apparatus occurs in the Winter and Spring; from fevers and diseases of the alimentary apparatus, in Summer and the early part of Autumn. Diseases of the urinary organs are most fatal in the Winter, of the liver In the Spring. More infants die in hot, more old people in cold weather.

The greatest number of old people† is found in the Northeast, though the ratio but little exceeds that of the Middle Atlantic States, from Delaware to North Carolina inclusive, less, probably, than the excess of little children, in the latter region to the whole population. I am confident that the Northwest will yet be found more favorable to long life than the Northeast. The large immigration from the Northeast, like that of the Northwest, is composed mostly of the young and middle aged.

It should not be inferred that an invalid will improve on migrating to a region which is comparatively exempt from his particular disease. In some cases, such regions should be especially avoided. Sometimes relief may be found in sections where the particular disease is equally or even more prevalent. There are idiosyncrasies of disease as well as of individuals. I expect at no distant day to point these out.

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* And yet rheumatism originating in a damp is generally mitigated by transference to a dry climate. Even a removal from the lake side of Chicago to the prairie side, is not without effect. So is a difference discoverable between the village of Kenosha and the place where I now reside, three-quarters of a mile from the lake shore, in regard not only to rheumatism, but to neuralgia, pharyngitis, bronchitis, and other diseases affected by damp, chilly air. This may be due in part to protection by a sand ridge.

† Of our political divisions, New Mexico reports, by far, the largest ratio f very old people.

As previously intimated, it is not to be expected that the order of salubrity, as indicated in Table First, will be exactly maintained. I will hazard and embody in a table a conjecture as to relative insalubrity, so far as determined by permanent conditions.

1. Lower Mississippi Valley.
2. Atlantic Lowlands.
3. Intermediate Region and entire Northeast.
4. Pacific States and High Interior.
5. Entire Northwest and Alleghany Region.

That the Lower Mississippi Valley will always prove the most insalubrious section of our vast and varied country there can be no doubt, any more than that the Atlantic Lowlands will rank next. It is impossible to determine whether the Intermediate Region or the Northeast is the more salubrious; but as the Northeast has a much larger city population, and as it has probably given more full returns, I place the Intermediate Region first in the line, to indicate that it is likely to prove the less salubrious region of the two.

It is equally difficult to determine between the Pacific States and the High Interior; but as the interior valleys of California are very insalubrious, and as the Northern portion of the High Interior is very favorable to health, I have placed the Pacific States first.

It is equally difficult to decide between the Northwest and the Alleghany Region. But since the latter has been much longer settled, and since the habits of the people are less favorable to health and life than in the Northwest, I have concluded to place the Alleghany Region last, as the most salubrious.

TREES AND RAIN.—In Italy the clearing of the Apennines is believed to have seriously altered the climate of the Po Valley, and now the African sirocco, never known to the armies of ancient Rome, breathes its hot, blighting breath over the right bank of that river in the territory of Parma. The similar removal of the pine forests near Ravenna, about twenty miles long, induced this same desolating wind, which continued until the wood had been allowed to grow again. There is no doubt that in France the removal of the old forests of the Vosgos sensibly deteriorated the climate on the plains of Alsace; and it is a historic fact that the ancient destruction of the forests of

the Cevennes, under the reign of Augustus, left the large and rich tracts near the mouth of the Rhone exposed to the steady violence of the *mistral* (or northwest wind), before which the area of olive culture has retreated many leagues, the orange is confined to a few sheltered points on the coast, and fruit trees can hardly be reared in places where they were famously prolific. The curtailment of the rainfall is a well-known consequence of the disappearance of forests; and in Egypt, where during the French occupation, in 1798, not a drop of rain fell for sixteen months, and from time immemorial the country has been a rainless bed of sand, Mahomed Ali, by planting his millions of fig and orange trees, has since seen his country blessed with an annual rainfall of several inches.

LAW RESPECTING THE WEATHER.—The late Marshal Bugeaud, when only a captain, during the Spanish campaign under Napoleon I., once read in a manuscript, which by chance fell into his hands, that from observations made in England and Florence during a period of fifty years, the following law respecting the weather had been proved to hold true: Eleven times out of twelve the weather remains the same during the whole moon as it is on the fifth day, if it continues unchanged over the sixth day; and nine times out of twelve like the fourth day, if the sixth resembles the fourth." From 1815 to 1830 M. Bugeaud devoted his attention to agriculture, and, guided by the law just mentioned, avoided the losses in haytime and vintage which many of his neighbors experienced. When Governor of Algiers, he never entered on a campaign till after the sixth day of the moon. His neighbors at Excideul, and his lieutenants at Algeria, would often exclaim, "How lucky he is in the weather!" What they regarded as mere chance was the result of observation. In counting the fourth and sixth days, he was particular in beginning from the exact time of new moon, and added three-quarters of an hour for each day for the greater length of the lunar as compared with the solar day.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

ATROPINE.

(The active principle of Belladonna.)

ANALOGUES:—*Belladonna and its analogues.*

OFFICINAL PREPARATIONS:—Triturations, (centesimal) dilutions.

[No complete provings of *Atropine* have been made. The symptoms obtained are all like those of *Belladonna*. We do not believe *Atropine* can produce *all* the symptoms of *Belladonna*, because it does not contain all the forces and medicinal constituents of that plant. To the mere chemist, who cannot discern anything left in the plant after the *Atropia* is extracted, this assertion may seem absurd; but the chemist looks at drugs from a point of view widely divergent from the physiological experimenter. There are intangible remedial forces in plants which escape the subtlest analysis of the chemist, and can only be evolved by careful provings. One object of giving this pathogenesis is to give an idea of the scope and sphere of action of this isolated constituent. While we should never think of prescribing *Atropine* in febrile states, acute exanthemata, inflammations, erysipelas, glandular diseases, etc., where we usually use *Belladonna*, we have a high opinion of its value in neuralgia, acute congestions, painful spasmodic affections, especially of the sphincters, nervous jactitations, hyperæsthesiæ, and other affections due to purely functional nervous derangements.—*Hale.*]

MIND.

* Rambling; incoherent speech, spectral illusions, with frequent fits of wild uncontrollable laughter.

* Furious delirium, especially at night.

Quiet, dreamy delirium, with nervous startings.

Muttering and smiling, with sleepiness.

Delirium, with picking, and other motions of the hands and fingers in the air, as if they were in contact with real objects.

He carries on conversations with imaginary beings.

When conversing, had to stop in the middle of a sentence and inquire what he had been talking about.

Imagines he has epilepsy.

He lost the power of estimating distances; he reached at objects which were across the room, and stumbled on objects which he supposed were far off.

HEAD.

* Beating and throbbing of the carotids.
Fullness of temples and of forehead, with dizziness.
Feeling as if the brain was being pressed out in all directions.
* Neuralgic pains commencing under the left orbit, and running back to the ear.
Vertigo upon turning the head suddenly.
Vertigo, with staggering, and inability to walk.
o Neuralgia, hernicrania, of the severest character.
o Symptoms simulating meningitis.
o Cephalalgia, generally nervous or congestive.
o Headaches of a nervous origin.

FACE AND EYES.

Dark red, livid and puffed face, with burning heat in face.
* Congested eyes and eyelids.
* Deep-seated, dull pain in the back part of the eye.
* Bright flashes before the eyes immediately upon closing them.
Intolerance of light (rare).
Dimness of vision; can neither read nor thread a needle.
Pain in the eyes; dull, or sharp and increased at each cardiac pulsation.
Eyes fixed and glassy; cannot compare objects or estimate their distances.
Dilated pupils, to an extent not caused by any other drug.
Can read well for a few moments, when the words run together and become indistinct.
When reading, the words seem to contract and expand with the action of the heart.
Spasmodic winking.
Double vision.
Dryness of the conjunctiva.
When closing the eyes he sees all kinds of spectres and unpleasant objects.
The field of vision is covered with colored phantasms.
Everything looks yellow.
o Neuralgia of the eyes.
o Used extensively (and sometimes *abused)* by oculists to dilate the pupil in cases of iritis, cataract, etc., and to assist in examinations with the ophthalmoscope.

NOSE.

Redness and heat of the nose.
Great dryness of the mucous membrane of the nose.

MOUTH.

Intense dryness of the mouth, tongue, fauces, soft palate, and the lips and throat, followed by a sensation of a viscid, sticky, acid secretion of a peculiar and very sickly, offensive odor.
The mouth becomes foul and clammy, and the tongue covered with a sticky white fur.
Smoking does not excite the secretion of saliva.
Mucous membrane of mouth dark and mottled.
o Mercurial salivation.

TONGUE.

Loss of sensation in the buccal cavity.
Tongue dry, with red tip and edges.
Tongue sticky and coated white.
Cannot move the tongue around in the mouth.
Difficulty of protruding the tongue.
Tongue feels thick; cannot articulate distinctly.
Teeth feel "on edge."
o Dry, parched and cracked tongue, in typhus.
o Paralytic symptoms of the tongue.

THROAT.

Dryness of the pharynx, making it *almost impossible to swallow.*
No natural sensation when drinking; the water did not seem to touch the mucous membrane.
Cannot swallow solids without washing them down with liquids.
Mucous membrane of throat feels raw and irritated; it looks darker than usual, and mottled.

[Not useful in tonsillitis; where Belladonna is so often beneficial.—*Hale.*]

TASTE AND APPETITE.

Loss of taste; nothing tastes natural.
Everything tastes *salt.*
No appetite; partly owing to the dryness of the mouth and throat, which obliges him to *wash* his food down.

GASTRO-ENTERIC.

Nausea, from the foul, sticky saliva.
Vomiting, profuse, hurrying him out of bed at night.

Easy vomiting of bitter liquid at first, afterwards tasteless.
Eructations, tasting like the yolk of eggs.
o *Gastralgia*, purely neuralgic: very prompt cures.
Violent, severe *sticking* pains in the umbilical region, during attacks of vomiting, at night.
Diarrhœa, hurrying him out of bed at midnight, preceded by urgent desire.
Stools copious and watery, coming out with a *gush*, relieving the pain at the umbilical region.
o Spasmodic or neuralgic colic.
o *Constipation*, cured permanently by very minute doses continued for some time.—*(Allopathic authority.)*

URINARY ORGANS.

The kidneys are active in the elimination of *Atropia* from the minute when it enters the blood until it is entirely removed from the system.
It causes an *excess* of uric acid in the urine.
It causes an increased flow of blood through the kidneys, and thus increases the urea.
The phosphates are increased by its administration.
Profuse and frequent urination.
"It is a most powerful *diuretic*,"—*(Harley.)*
o Nephritic colic, from poison of calculi.
* Violent, irresistible and ineffectual urging to urinate, with agonizing tenesmus.
* Paralysis of the bladder—probably the sphincter.
o Dysuria; it relieves the pain in many cases.
o Dropsy from Bright's disease.
o *Chronic albuminuria;* the albumen decreased rapidly.

GENERATIVE ORGANS.

o Neuralgia of the testes, with extreme sensitiveness to touch. —*(Hale.)*
o Irritable uterus.
o Uterine colic, neuralgic and paroxysmal.
o *Ovarian neuralgia.*—*(Ludlam.)*
o *Vaginismus.*, a spasmodic disorder of the vagina, undoubtedly a neuralgic disease.—*(Ib.)*
* *Hyperæsthesia* of the vagina and uterine cervix.—*(Halc.)*

[In these cases give the 6th + trit., and apply a cerate of 1 gr. to 1 oz., of cocoa butter or lard.]

RESPIRATORY ORGANS.

Dryness of the *larynx*, causing a constant inclination to cough.

* The tough mucus in the larynx causes paroxysms of coughing, very severe, occurring every fifteen or twenty minutes, attended with difficult expectoration of thick, tenacious mucus, and followed by burning in the larynx.
o *Whooping-cough*, cured by the 3d centesimal trit.—*(Ludlam.)*
o Spasmodic cough, in adults, after influenza.—*(Hale.)*
Sensation of a glow of heat in the lungs.
* Violent and suffocative constriction of the chest.—*(Brandes.)*

HEART.

Pulse feeble and heart's action almost imperceptible.—*(Brandes.)*
Pulse rising from 60 to 140 beats, but no increase in the respirations.—*(Harley.)*
Fluttering sensation in the cardiac region.—*(Ib.)*
o Spasmodic asthma (by hypodermic injection).
o Nervous palpitation of the heart, with red face and throbbing in the carotids.—*(Hale.)*
o Palpitation at night, with debility and distress.

EXTREMITIES.

Trembling of the limbs.
Anæsthesia of the extremities; the sense of touch seems blunted and sometimes almost abolished; numbness and prickling of the hands, extending to the tips of the fingers.
Cannot tell when the hand touches an object.
Continued desire to open and shut the hands.
Jerking of the muscles of the extremities.
While drinking, the arm suddenly contracted, causing him to spill the water.
While walking, the flexor muscle would contract suddenly, throwing him to the ground.
Staggering, tottering gait.
On picking up a pin, it feels as if there were five or six of them.
Spasms of the muscles of the extremities.
Spasmodic contractions of extremities at night.
Coldness of extremities.

SKIN.

[Dr. Sadler of London, *(Med. Times and Gazette,)* reports an interesting case showing some of the physiological effects of *Atropine*, and the smallness of the dose capable of affecting a child.

He gave a child, three months old, a mixture containing 1/200th of a grain of Sulphate of Atropine. *In a few minutes the child turned a deep red, "like scarlet fever,"* over its face and upper part of its body; the perspiration was checked and the skin became hot and dry. This continued for five hours. The next morning only half the quantity was given; the

same effect was produced, but only lasted for two hours. The third morning only four drops were given (60 drops contained 1/200th of a grain) and this time without any effect. Six drops were given the next morning; the same redness appeared, but this time only lasted for half an hour. The six drops contained 1/800th of a grain. No narcotism was produced, even by the larger dose first given. The paroxysm of whooping-cough, for which it was given, was slightly but not decidedly improved.]

Dark red or mottled efflorescent redness of the skin, like that in scarlet fever.

Dark red or purple redness of the face.

Scarlet red, hot and dry skin, on the upper half of the body.

Anæsthesia of the skin: the sense of touch is lost or perverted.

Thrusting pins into the skin causes no pain.

Water poured over the skin produces no sensation.

Skin *seems* unnaturally smooth, like glass.

Cold, pale and clammy skin.

o Useful in some cases of scarlet fever.—*(Ludlum.)*

o In cases of retarded or suppressed eruptions, it will cause their re-appearance.—*(Hale.)*

SLEEP.

Sleepiness, or drowsiness with inability to sleep.

Deep, heavy, comatose sleep.

Heavy sleep, with muttering, incoherent talking.

He sits in a dull, apathetic or drowsy condition, and frequently gives a prolonged yawn.

Deep sleep, with red, bloated face.

FEVER.

Continual chilliness all over.

Chills alternating with flashes of heat.

It stimulates the action of the heart, causing the pulse to rise from 60 to 140, with flashes of heat, red-hot skin, dry mouth and throat, with throbbing all over; a kind of erethistic fever, with general ebulition of blood. *(p.)*

Chilliness, with cold skin, pulse feeble, action of the heart feeble, cold extremities. *(s.)*

Fever, with low muttering, incoherent delirium.

o Useful in some typhoid fevers.

GENERALITIES.

General anæsthesia of the skin and extremities. *(p.)*

Hyperæsthesia of the whole organism. *(s.)*

o *Tetanus:*

[In a late number of the *British Medical Journal* is a case of Tetanus successfully treated by *Atropia*. On the fourth day of the attack one-sixteenth of a grain was administered every three hours.

Within twenty-four hours the clonic spasm became less severe and of shorter duratiou, and the tonic rigidity gave way, first in the legs and neck, then in the back, and last of all in abdomen and masseters. On the sixth day of treatment by *Atropia*, rigidity of masseters only remained. He was kept under the influence of *Atropia* for three weeks, and made a good recovery. The patient was "a healthy-looking lad, aged 14, who was seized with lockjaw and severe pain in the cervical and dorsal region, with fever, a few days after jumping from a coal wagon."

The reporter asserts that it cures on the theory of Brown-Sequard, namely : "Reducing congestion of the blood vessels of the spinal cord." It was certainly homœopathic to the condition, for the primary effect of *Atropine* is to cause spinal anæmia, the *secondary*, spinal congestion. For this reason the large dose cured.]

EUCALYPTUS GLOBULES—*The Fever Tree.*—The cultivation of this tree is making great progress in the South of France, Spain, Algiers and Corsica ; nor is this to be wondered at, remarks the *Medical Times and Gazette*, if an account lately given of its virtues, by Professor Gubler, in the *Bulletin de Therapeutique*, is even partially true. It is a native of Tasmania, where it was of old known to the natives and settlers as a remedy for fever. It prefers a marshy soil in which it grows to a gigantic height with great rapidity. It dries the soil by the evaporation from its leaves, and shelters it from the sun, thus preventing the generation of marsh miasm. Its wood is hard as teak. Every part of it is impregnated with a balsamic oil-of-camphor-like odor ; and, besides a notable quantity of astringent matter, it contains a peculiar extractive, which is supposed to contain an alkaloid allied to quinine. At any rate, its efficacy in intermittent and marsh fevers has gained for it in Spain the name of the "fever tree." It is a powerful tonic and diffusible stimulant, does wonders in chronic catarrh and dyspepsia, is an excellent antiseptic application to wounds, and tans the skins of dead animals, giving the fragrance of Russia leather. We can vouch from personal observation for the flourishing condition of the Hyeres and Nice, where trees from seeds sown in 1859 are said to be now sixty metres high. We hope that experience will confirm Professor Gubier's anticipations of the remedial virtues of the *Eucalyptus*.

GLYCERINE TEST.—The following is recommended by *Druggists' Circuar :*—In adding a solution of nitrate of silver to glycerine, it ought to remain perfectly clear and limpid, or at the most, give but slight turbidity. A white precipitate, under such circumstances, is always indicative of the presence of chlorides, and is a sign, generally, that the glycerine had not been distilled properly. A black precipitate, such as is described as having occurred in one sample, indicates the presence of acroline ; this is one of the products of the decomposition of glycerine by high heat, and is very objectionable ; a drug or medicine containing acroline should be rejected under all conditions.

American Observer.

EDWIN A. LODGE M. D., DETROIT, MICH., GENERAL EDITOR

A TRIP TO TEXAS FOR HEALTH.

Four thousand four hundred miles in thirty-three days.

I left Detroit on Thursday morning, March 21st, 1872, suffering with hoarseness, cough, sticking pains in left lung, night sweats of lower limbs, debility, extreme sensitiveness to cold air, etc. Thermometer marked 19° (March 20th it was 9° below zero). Wearing merino and buckskin undershirts, linen, cloth-lined velvet vest, thick coat, overcoat and cloth cape, I still felt so chilly that I held up a wolf-skin robe to my face in riding to the depôt, quarter of a mile from my house. I took the Michigan Central railroad to Michigan City, Indiana, 228 miles. Snow on the ground the greater part of this distance. Snow also, March 22d, until we reached Louisville, Kentucky. I am longing for sunshine and mountain air. The hungering for these things is just as distinct as the appetite for food. Does this craving point to a true curative?

Taking the excellent cars of the Louisville & Nashville railroad, we arrived at Paris, Tennessee, on Lord's day morning, March 24. This place is 763 miles from Detroit, by railroad, (about 500 miles only in a direct line). The atmosphere is balmy, sunshine warm and invigorating, temperature 70°, the trees are in leaf, gardens full of flowers, the mocking birds are singing joyfully, blue jays screeching, red-headed woodpeckers hammering away at the hollow trees, red and blue birds flitting about, blackbirds chattering, and a few ring doves and turtle doves flying. I have been in many of our forests of Canada, New York, Ohio and Michigan, but I never heard so much of

singing of wild birds before. A rich and joyous feast of song. It enlivened my spirits and made me more ready to raise my voice in gratitude to the Giver of all Good. I find that my throat is improving; there is less pain in my lung. I am coughing less frequently. What a beautiful climate! The people should be healthy. Are they?

Sitting opposite to us on the cars, last evening, was a woman of some forty years of age, a native of Tennessee probably, who was engaged in snuff-dipping. Every few minutes she would dip her little swab of a stick in a small tin box of snuff, rub it along her teeth and then hold the end of the stick between her teeth, as if sucking or chewing it. Can any woman addicted to such a disgusting habit be healthy?

At Memphis, Tennessee, we made the acquaintance of a popular and talented physician of that city, Dr. W. A. Edmonds. The most noteworthy things in Memphis to us were the beautiful magnolia trees in one of the parks, and a very large number of tame squirrels running at large in this enclosure. The peach trees are in blossom. There is a little rain but it is not chilling.

At Memphis we took a boat on the Mississippi for New Orleans, finding on the way many objects of interest to occupy the mind pleasantly, and getting each day into a warmer climate. We got up every morning at daylight, so as to have the benefit of the glorious sunrise; this was the only part of the day when an overcoat was comfortable. My cape is laid aside. The thermometer is about 40° at 6 A. M. The Southern ladies complain of the cold. One says: "I went on deck early this morning and nearly perished."

At New Orleans we took cars for Brashear, 80 miles, across a Louisiana swamp, where we saw many alligators on logs, basking in the sun. At Brashear we took passage on steamship for Galveston, and being free from sea sickness, enjoyed the voyage across the Gulf of Mexico very much. The distance from Brashear to Galveston, Texas, is 235 miles, and the voyage is generally accomplished in 20 hours.

Galveston is built upon an island of the same name, which is about 30 miles long and 2½ miles in width. It is a thriving

city of 25,000 inhabitants, having a good harbor and a very extensive and safe anchorage. With the exception of the visitation of yellow fever, it is quite healthy. The beach drive is much finer than those of Coney Island, Atlantic City or Cape May. The best hotels are not quite equal to the second-class houses of the North. Here we find the *Oleander* in perfection. It is growing everywhere, in gardens, at roadsides, and near the beach. The warm sandy soil, and climate, appear to suit it so well we might suppose it to be indigenous here as at the Levant. There is a date palm tree which looks well, but it is not a fourth the size of one we observed at New Orleans; that was some thirty feet in height, with leaves ten feet long. The orange trees with fruit are beautiful. The gardens have roses, honeysuckles, verbenas and lilies in full bloom.

Galveston is quite flat, the highest spot not being over ten feet above the level of the ocean. The business blocks are well built, and *Northern materials*—pressed brick, iron fronts, sash, glass, etc., etc.,—enter largely into their construction.

At this place there are three homœopathic practitioners, Dr. James Angell, Dr. Edwin P. Angell, son of the former, and Dr. Wm. M. Mercer.

Since leaving Tennessee I have coughed but little; a drive on the beach at Galveston, facing a south-easterly wind, however, shows that my left lung is still a little tender.

From the Gulf the land rises very gradually. The first appearance is of a level, open prairie. This is the only level land we found in Central and Western Texas. We had been told of swamps and dead-level prairies, but we saw neither. The land is gently and gracefully undulating, and around Austin the hills are quite steep.

At Houston, 50 miles from Galveston, the land is hilly and beautiful. Yellow fever pays an occasional visit. Drs. B. H. and J. H. Blake are homœopathic practitioners here, and much esteemed.

Houston to Austin, 168 miles, was a day's travel on a new railroad. Austin is the capital of the State of Texas, a city of 10,000 inhabitants, beautifully situated in a valley on the northern bank of the Colorado river, surrounded by Mt. Bon-

nell and some fifty other smaller mountains and hills. With the exception of the Hudson river, we have beheld no finer scenery on this continent.

From Austin our ride for several miles was over rolling land, wooded with live and post oaks mainly. These trees are about thirty feet in height, branching gracefully, and they are far enough apart to drive between them. In many places the land looked like a well-kept park. Crossing the prairie (land without timber), we were astonished at the prospect. Instead of a dead level country, it was undulating, the curves forming many lines of beauty, and stretching for 10 to 15 miles in every direction; fine farms well fenced, herds of cattle, and an appearance fully equal to the old and best cultivated portions of Central New York. In Texas Nature has left lands which come to the settler in better condition, without a day's work, than the Northern farmer has after half a life-time of toil.

We crossed the St. Marcos river soon after dinner. A narrow, rapid, but beautiful stream of clear water. It arises from a spring at the base of a mountain, about two miles above the place we crossed. The river was so deep that the water came in upon the floor of the stage, and for a few minutes it was about six inches deep.

We reached New Braunfels at supper time. For many miles before coming to this German settlement, we found fine farms to the left (South) of us, to the right only a few, as the road runs rather irregularly at base of the hills. In one place there was a field of about 250 acres of corn! Nearing New Braunfels, women and children were found at work in the fields and gardens. The houses are German in appearance; many gardens, lager beer and billiard saloons, grocery stores, saddler shops, watchmakers, etc. They gave us a very good supper at the hotel for 50 cents each, silver. I was hungry and ate heartily, There the pleasures of our stage drive ended. At supper I asked the proprietor how the roads were. He said, "*Rather rough for eight miles.*" Observing a twinkle of the eye, I said to the driver: "How are they after the eight miles?" He replied: "You'll see." (I didn't see, but I *felt.*) I then said: "He says they are rough for eight miles, after

that I suppose they are *rougher*, and then will come the *roughest*. Is that it?" The driver appeared to relish my presentation of it, and laughing heartily, said: "Yes, you've been in paradise—will be in *hell* presently." The sunset was fine; as it grew dark, we put down the curtains. I became sleepy and sought in vain for some soft place to rest my head. My son Albert's shoulder was the best place. Just as I would fall asleep, the wheels would meet a stone, then a jar, a jump, and away the stage swung on the leather straps.

They say that the rains of the last week made the road heavy, that it is generally very good. It appears to me that the driver did not try to pick out the road after it became dark, that he thought he had a small load (they often take a dozen passengers, now they had but four,) and a new stage, and he would "*put us through.*"

We got to San Antonio at midnight. Shall I say tired? I do not think I ever felt so flesh-sore and weary before. Every muscle in my body appeared to ache. Notwithstanding my weariness and sleepiness, I could not help keeping awake for some time to hear the mocking-birds singing. *They sing here all the night.* We slept at the Menger House, a large hotel, very well kept. In the morning, after breakfast, Dr. Mortimer Slocum called for us and took us in a carriage to his house near Flores street. *Such kindness, attention and hospitality, we have rarely met with anywhere.*

Dr. Slocum drove us to the Conception mission, below the city, one of the oldest structures in America. It is of stone, walls very thick; roof of stone, gracefully arched. It is now almost in ruins and neglected. A part is used as a dwelling by a Mexican family. A girl brought a key and opened a door to the church. Inside, the first thing we noticed was a pile of Indian corn, in the shuck; another pile husked. A little further on, benches sufficient for some twenty worshippers; then an altar, east, one north and one south. The images and ornaments of the commonest description.

Dr. Slocum has a nice house and some ten acres of ground on Flores street, about three-fourths of a mile from the court-house, where he has his office as District or County Clerk. He

has on his grounds apple, peach, pear, apricot, and other fruit trees in abundance. *The mulberries are nearly ripe.* Some summer seasons are very dry, and irrigation is generally practiced. The irrigating streams are under control of a commissioner; some $1 per acre per year being charged. A very effectual and cheap way of getting good water. The springs, sources of the rivers, are some hundred feet above the level of the city, so that it is easy to get water to every part.

In the gardens we find many humming-birds, also cardinals, turtle doves, pheasants, mocking-birds, blackbirds, wrens, and others. The flowers are beautiful. The prairies and woods contain richer and more fragrant flowers than we cultivate at the North. We found many medicinal plants and may refer to these more particularly in other articles.

So far I am delighted with Texas. The people on the Mexican border, 150 miles from here, are turbulent and troublesome; from Galveston here they are as orderly and courteous as any I have conversed with anywhere. The jail here has but a dozen prisoners! Theft is punished with severity. Two years in the penitentiary for stealing an old glove! Cattle thieves are punished without mercy. There is great freedom in expression of opinion by all parties. The ex-confederate soldiers honestly accept the situation and do their best for the general prosperity. The negroes industrious, sending their children to the free schools, and quietly acquiring property.

The atmosphere at San Antonio is very dry. The rain-fall, as represented by Mr. Blodget in his excellent work on Climatology, for the Spring, at San Antonio, is ten inches; for the Summer, 10 inches; for the Autumn, 10 inches; for the Winter, five inches; total for the year, 35 inches; being two inches more for Spring and Autumn than Detroit, which he puts at 31 inches for the year. This rating is disputed at San Antonio, and the fact of their finding irrigation necessary shows that their rain-fall for Spring and Summer cannot be as much as it is in Michigan. *They say that they are for months without any rain whatever.* Northern grasses, which require regular moisture, do not thrive. We noticed that the grass at daylight was not wet with dew, as at the North.

The warm and dry atmosphere is very beneficial to consumptives. We hear of many cures of lung diseases. The old residents do not suffer with catarrhal, throat or bronchial ailments, and strangers with those troubles obtain relief very readily. San Antonio has 15,000 inhabitants, about one-third American, one-third German, one-third colored, (Mexican and Negro). There are only six physicians here, but it is so healthy even these do not find sufficient employment.

There are no epidemics. As the river and well water is highly charged with lime, &c., there is a tendency to complaints of the bowels and kidneys. Asiatic cholera has visited this place twice only within the last hundred years.

MEAN TEMPERATURE, SAN ANTONIO AND DETROIT COMPARED.

	Jan.	Feb.	Mch.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
S. Antonio,	53	57	63	69	76	80	82	83	79	72	61	50
Detroit,....	27	26	35	46	56	65	69	67	60	47	38	26
Difference,	26	31	28	23	20	15	13	16	19	25	23	24

In Winter the average temperature at San Antonio is 27° warmer than than that of Detroit; in Spring, 24° warmer; in Summer, 14°; in Fall, 22° warmer. The average temperature for the year at Detroit is 47°; at San Antonio 69°, or 22° difference.

The temperature at San Antonio, as noted by us, was as follows:

April 10,	7 A. M., 65°	1 P. M., 83°	7 P. M., 70°
" 11,	7 A. M., 70	3 P. M., 90	7 P. M., 80
" 12,	7 A. M., 71	3 P. M., 80	6 P. M., 65
" 13,	7 A. M., 64	1 P. M., 78	7 P. M., 70
" 14,	7 A. M., 75	1 P. M., 88	6 P. M., 82

A temperature of 90° at Detroit is oppressive; at San Antonio, on account of the Gulf breeze, which is as invigorating as mountain air, it was not unpleasant. We wore a cloth coat without discomfort. San Antonio is about 150 miles from the Gulf of Mexico, in a direct line, with an elevation of 635 feet above the ocean level.

While in Texas, I had neither cough, night sweats, lung pain, or sickness of any kind, with exception of a slight diarrhœa

after a sixteen-hour stage drive. I do not think I felt so well for years. Returning home, when I reached Louisville, Ky., I found the atmosphere a little too cold. Going into a meeting house, I found the people coughing quite frequently,—I only heard invalids from the North coughing in Western Texas!

April 23, 1872. *Home again!* Friends greet me: "How much you have improved." "You have a new lease of life." "I never saw you look so well before." Recuperated so much I hope to be able to resume my labors with vigor and to make my work tell for the benefit of others.

The Angel of Death has visited our home during our travels. The same morning that we left San Antonio, he came and claimed our little grandson, Edwin A. Barrett. Not lost—not *dead*. Gone before us, that is all. Gone to be cultured by the Good Angels. Gone to "*His presence where is fulness of joy.*"

EDWIN A. LODGE.

SUICIDAL MANIA.—*(New York Tribune.)* The more we think of the matter, and the greater the number of facts which come under our observation, the stronger is our inclination to believe in a distinct suicidal tendency of the human mind. The phrenologists, whose technological classification is infinitely better than their fundamental theory, assign an "organ" to love of life, and call it "vitativeness." Nothing but an absolute predisposition to suicide, resulting, we may conjecture, from inefficient "vitativeness," can account for the *felo de se* of a mere child; and instances of this are far from uncommon, melancholy, from all points of view, as the facts may be. A case which we find in the London papers is suggestive. Mary White, age 46, hung herself lately "because her husband had scolded her for speaking to the lodgers in the house." It was in evidence before the coroner that the deceased was of a kindly disposition, though she had frequent quarrels with her husband. Her farewell missive, curiously enough, she left chalked on the back of a large tea-tray. It was as follows: "Dear Jim—You have driven me to do this little affair. Be good to the dog, and ask Mrs. Little to be kind to the birds."

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

PARESIS OF ANIMAL NERVES.

BY A. BUROW, SEN.

During the cholera epidemic of 1848, the third one observed by me, I observed a state of disease, in connection with that epidemic, which I did not find mentioned in our literature. Still more cases came under my observation during 1849 and 1852, and encouraged by friends, I give it now for what it is worth.

After feeling slightly unwell for a few days, but sometimes suddenly and without any prodroma, and without any cause, the patient is attacked by dizziness and inexpressible anguish. He thinks he is dying; all his features clearly express that anguish. The face turns pale, the eyes sunken and lustreless; the fat of the orbita shrunken. That deathly anguish increases steadily and terribly, and he wishes to die, if no relief can be given. He complains of a peculiar palpitation of the heart; the heart makes small fluttering contractions, alternating with single unusually large systolic movement, and this irregularity is reflected in the arterial pulse.

By closely observing the respiration, we find it superficial, and after 10–12 respirations, the patient heaves a deep sigh. One of the most painful symptoms is the dizziness; especially as it is also very obstinate and of long duration; in some cases it never passes off entirely, although the patient may feel well otherwise. Even when lying down it continues; and I have seen patients take firmly hold of the bedstead from fear of falling out. Coughing, sneezing, in fact all actions which cause a sudden rush of blood to the head, or prevent the return of

the venous blood, increase the vertigo to such a degree that he has to hold on to something or he falls sidewise. Constipation or scanty stool and scanty micturition. Most patients not only lose their appetites, but have a perfect horror of food; many say that they felt for several days as if the food fell into a dead cavity. When the disease had already lasted several days, isolated and movable indurations may be felt through the sunken-in abdominal wall, which are fœcal matter remaining stationary through a want of peristaltic motion. It seems also that the contents of the stomach remain for a long while undigested, for I recollect a case where beans were vomited five days after eating them. In most cases an aggravation comes on at sunset; the anguish increases; the dyspnœa greater, dizziness in such a degree that the patient staggers, especially when he looks upwards, or when he tries to turn the head backwards.

The symptoms of sleep are peculiar. With a sensation of perfect lassitude he falls asleep, to start up suddenly, as if waked up by an electric shock, and gasping for breath. After waking up, he must take many deep, sighing inspirations, in order to become quiet. Such shocks repeat themselves more or less frequently, till he falls in a good lasting sleep, accompanied by moisture on the skin. Sleep is always disturbed by anxious dreams, especially of corpses, funerals, executions, or other frightful scenes.

During our last epidemic I several times observed even the first symptoms accompanied by cramps in the calves; in other cases patients complain of a sensation of coldness and loss of sensation in the calf. During the night, and especially towards morning, patients complain of this uneasiness.

Neither age nor sex seems exempt from it, and it is not the weakly, nervous persons, which mostly suffer, but strong men, with fully-developed muscles, suffer equally as much. Very frequently we see patients suffer from it who often had intermittents.

The use of spirits gives momentary relief, but strong bodily motion relieves decidedly, and the patients know this by instinct. The restlessness and anguish urges them to continued fatiguing walks, and the relief felt incites them to a repe-

tition of it. When the disease becomes chronic, the last remnants can only be removed by such strong bodily movements, and where the patients fear the fresh air, gymnastic exercises in the room must take their place. Sudden emotions, be they joyful or the contrary, may also produce amelioration.

The frequent appearance of such a group of symptoms during cholera seasons renders it probable that both states stand in close connection, and although such patients suffer great anguish, yet I have never heard any one express a fear to be attacked by cholera.

In few cases only all symptoms will be found; frequently the anguish is missing, in other cases patients are unconscious of the irregularity of the heart's action and only feel it after their attention is drawn towards it. The vertigo, on the contrary, will be present in all cases. Exceptionally disturbances in the digestive organs will be present, frequently in the form of obstinate constipation with sensation of pressure and heaviness in the scrobiculus cordis. Such symptoms are sometimes the only ones for a long time, till suddenly other more precise symptoms are added to it. We find such cases not only during cholera seasons, but frequently just such cases pass over into cholera. Patients suffering from this disease must be considered as candidates for cholera, and need careful watching. When such patients are attacked by cholera, we hardly ever see profuse discharges; the whole state passes off more as cholera sicca, frequently without vomiting, with sudden collapse and quickly developing asphyxia. In rare cases the morbid state above described only sets in after the cholera passed off, or appeared during convalesence after a longer or shorter state of relatively well-feeling.

Just as this group of symptoms stands on one side in close connection to cholera, so it stands on the other side also to intermittents. In our part of the world intermittents are endemic, but when they become unusually frequent, we see such symptoms form themselves from en-intermittens (the less favorable case) or the attacks become periodical, typical, and take on more or less the character of a pure intermittent, with chill, heat and perspiration (more favorable).

Examining more closely the group of symptoms, we will try to explain some of them : Such weak inspirations fail to carry enough atmospheric air into the lungs for the purpose of decarbonizing the blood, and the patient tries instinctively to gain that quantity by voluntary inspirations of larger power. At the moment of falling asleep, the will-power, which produces when awake these deep inspirations, is less energetic, the assisting respiratory motions follow only slowly or not at all ; blood deficiently decarbonized circulates in the brain, and produces thus the starting. Concluding, therefore, that faulty innervation causes these symptoms, it will be easily understood that this paresis of the involuntary respiratory motions is the chief cause of all other manifestations. The deficient decarbonization of the blood restricts the cerebral functions, and hence all other nervous functions, disturb the action of the heart, the peristaltic motions and the vaso moter activity. We already mentioned that sometimes the paresis of involuntary respiration may be entirely missing, whereas other symptoms become more prominent. Obstinate constipation, food remaining for a long while in the stomach, proven by palpation, may be witnessed, without any disturbance in the respiratory functions, without vertigo, and without anguish. There are again cases where disturbances in the peripheric circulation, palpitations alternating with fluttering of the heart, sinking of the turgor of the skin, coldness of the extremities, sensation of formication in the hands, set in without any manifestations of respiratory paresis, and such cases sometimes produce death in a few hours, as cholera sicca.

The close connection of the disease with intermittents leads us to the use of *Chinine*, and the defective innervation to *Strychnine*, but I prefer to use the extr. *Nux vomica* spirit, as it acts so beautifully as excitant in depressed action of the nerves, and being also a regulator of the nerves not acting by our will power. This last quality of the *Nux* we no where see more plainly than in dysentery. Thus we easily understand why *Nux* acts in one case as a purgative, producing stool after obstinate constipation, based on deficient peristaltic motion, and why it constipates in other cases, as in dysentery, where it

especially removes the tenesmus caused by an over-irritated perverse peristaltic motion. Even where constipation apparently is caused by mechanical checks and so-called purgatives were vainly used, *Nux* may overcome the impediment.

Where *Chinine* failed to relieve the respiratory troubles, or where they returned after short intermissions, the application of the constant current gives relief after five or six applications. We put one pole on the neck, the other on the scrobiculus cordis. *B. K. W., 50, 1871.*

Looking at the complex of symptoms from a homœopathic stand-point, there is no remedy in our whole materia medica which gives such a close simillimum than *Aconite.* Dr. Hempel and others always found in the mother tincture of *Aconite* one of the grandest remedies for Asiatic cholera, and East India physicians of the old school cut short an attack of intermittent by venesection during the cold stage.

In *Aconite* we find venous congestion of the brain with confusion of the head, vertigo, with dimness of sight, vertigo when sitting up, and fear of rising, an all-pervading fearfulness, agony, great dyspnœa, with inexpressible anguish; thread-like pulse, nervous excitability, numbness in hands, vomiting and purging, accompanied by cramps and faintishness; short breathing while asleep, etc.

It would be well if some of our Western friends, living in miasmatic districts, would give us their experience, if such a group of symptoms was also observed by them during cholera seasons. S. L.

Occupation in the Causation of Skin Disease.—Mr. Balmanno Squire, of London, an acknowledged authority on skin disease, affirms that the majority of the cases are found among boook-binders, dyers, tanners, hatters, weavers, leather-cutters, fur workers, all of whom have much to do with animal products.

Colleges, Societies, etc.

DETROIT HOMŒOPATHIC COLLEGE—A PROTEST.

At a meeting of the Homœopathic physicians of Detroit, held at Dr. E. H. Drake's office on the 25th March, the following preamble and resolutions were adopted:

Whereas, Certain individuals of doubtful professional standing and acquirements as homœopathic physicians have associated themselves together as a medical faculty, styling themselves "the foremost physicians of the State," under the name of the Detroit Homœopathic College, and have issued an announcement to that effect, and have assumed that their voluntary association is approved of by the Regents of the University, and is recognized by them as the prospective homœopathic branch of that institution, and have so published in their announcement, and have invited medical students, from far and near, for that reason, to attend their lectures; and

Whereas, They have presumed to act in this matter for the entire homœopathic profession of this State, when not one-twentieth portion of it favors their view, or approves of their acts, but on the contrary, the great majority, both disapprove of and repudiate them, and

Whereas, Instead of occupying a foremost position among the physicians of the State, some of their number are recognized as venders and prescribers of quack medicines, and are charged with ôther disreputable practices as physicians; and at least one of them is publicly charged with having obtained his own literary and medical diplomas irregularly and of being a trafficker in diplomas of other irregular medical colleges, and as a procurer of them for persons wholly unfitted for the duties and responsibilities of the profession, and

Whereas, Also, those self-constituted representatives of the homœopathic profession in this State have presumed, as such, to call upon the patrons and friends of homœopathy in this city and elsewhere for pecuniary aid and for moral support and

encouragement, in the face of the foregoing facts, and of the fact also that they have given no evidence whatever of their authority, legal or otherwise, to confer degrees, or to grant diplomas, no more than they have of their qualifications to become teachers of medical science ; therefore

Resolved, That we, the undersigned homœopathic physicians of Detroit, where this pretended medical college is located, utterly repudiate it and its projectors, and we deny that in any manner they are qualified or authorized to represent the sentiments or wishes of the homœopathic profession of this State, or the interests of our system of medical practice in or out of the University of Michigan, as we do also their claim to be a legitimate medical college or faculty in any sense whatever.

Resolved, also, That we therefore, in the interests of medical and general science, feel called upon thus publicly to expose and denounce the projectors and faculty of this institution as a fraud upon the medical profession and upon the community, and warn the friends and patrons of homœopathy everywhere against their irregular acts and presumptuous claims, and to advise them, in all sincerity and earnestness, to withhold both their support and encouragement from them and from their nefarious schemes.

THOS. F. POMEROY, E. H. DRAKE,
C. HASTINGS, WM. R. GORTON.

Dr. O. P. Baer, who was announced as a Professor in this college, says the use of his name was a *wilful misrepresentation.*

The following has been received from Geo. H. Palmer, M. D.:

ST. CLAIR, MICH., April 10th, 1872.

EDITOR OF OBSERVER : *Sir*—I wish to state to you and your readers, that I am not in any way connected with the Detroit Homœopathic College, having withdrawn from the same last March.

Yours truly, GEORGE H. PALMER.

Dr. Younghusband makes no contradiction of the statement that he never attended medical lectures or graduated in a legitimate manner, after due attendance upon regular courses of lectures and passing customary examinations. We are informed that one of his certificates came from the diploma shop—*Philadelphia University*—which recently lost its charter because it sold its degrees, and the other from the (old) Homœopathic college of Pennsylvania, and the physician who was Dean at that time says that Dr. Younghusband never attended any lectures at that Institution. Considering these facts, had not Dr. Y. better withdraw his pompous and pretentious advertisement and announcement that he is one of the "*foremost physicians in the State*," "that in the knowledge and qualities which 'makes' the *true* physician, he has few superiors," etc ?

SELLING DIPLOMAS.

Several years ago complaints began to pour in from England, France and Germany, and finally from various States of our Union, that incompetent persons were in possession of diplomas from certain medical colleges in Pennsylvania.

To such an extent did this matter go that homœopathic physicians in England were looked upon with suspicion, because they possessed diplomas given by the Homœopathic College in Philadelphia.

The allopathic school became greatly annoyed, from the fact that many of the diplomas were given by an institution called the "Philadelphia University of Medicine." This name had been selected from its similarity to the "Pennsylvania University," an old and honored institution. The eclectic school were vexed and mortified by the fact that chief among these diploma factories was the "Eclectic Medical College," in Philadelphia, run by a Prof. John Buchanan, a name not to be confounded with Dr. Joseph R. Buchanan formerly of Cincinnati and favorably known to the eclectic physician.

Finally, the sale of diplomas by these colleges became so open and notorious that the Senate of Pennsylvania appointed a committee to investigate the matter. They did so, and only a few days ago presented their report to the Pennsylvania Legislature, and so scandalous were its developments that bills *repealing* the charters of both these institutions in Philadelphia were *passed immediately*.

This is a precedent which is timely, and we hope will prove a warning to base and unscrupulous men, that they cannot recklessly and with impunity degrade the profession of medicine. That some such precedent was needed appears to us evident, from the fact that there seems to be, just now, a mania, even in our own school, for the establishment of new colleges, and a resort to a disreputable competition with older schools, by putting down the fees for tuition to a ridiculously low figure. We are credibly informed that already students who were rejected by the old established colleges, this Spring, have applied to these mushroom institutions, and have obtained diplomas.

The homœopathic physicians in this country will be obliged, sooner or later, to take this matter in hand and investigate it. The American Institute has declared for a higher standard of medical education. At the next meeting of that society it will be well for the bureau having that subject in charge to institute some inquiries which shall have the effect to prevent the *lowering* of the standard of professional excellence and arrest the abnormal growth of homœopathic colleges which threaten to inundate the country with cheap diplomas. H.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

The THIRTEENTH Annual Announcement of this Institution is on our table. We observe some notable and important changes, *not* in the Faculty, for that is the same, with two additional names ; but in the manner of conducting the teachings. The Faculty has adopted the plan of a *graded course*, after the manuer of Harvard and other first-class colleges.

This Graded Course extends through *three* sessions, two of which are *obligatory*, the third *advised*. They are called distinctively the Junior, Middle and Senior Course.

Each session, however, is complete in itself, including all the three courses. A student may therefore enter for the Senior Course, providing he can pass examination in the two other courses. This is an admirable plan and will allow students to graduate on their *merits* alone, and not for any arbitrary duration of study.

We note that an eminent legal author, C. C. Bonney, LL. D., will give a course of lectures on "*What a Physician should know about Law.*" Dr. Adams will lecture on Microscopy, and Prof. E. M. Hale has added to his chair the "*Therapeutics of New Remedies*," a subject with which he is so practically familiar.

The Faculty urge practitioners to send surgical cases to the Scammon Hospital, of which they have sole charge, and where all operations will be performed *free*.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Twenty-Ninth Annual Anniversary.

The twenty-fifth session, or twenty-ninth annual anniversary, of the *American Institute of Homœopathy* will commence at Lincoln Hall, Washington, D. C., on Tuesday, May 21st, at 10 A. M., and continue for four days.

Reports and papers will be received from all the various bureaus and committees representing every department of medicine and surgery.

The Institute will he officially received by the Governor of the District of Columbia, and will pay its respects in a body to the President of the United States. A sail on the Potomac and a visit to Mt. Vernon, will probably form pleasurable features of this gathering.

Physicians can obtain further information and blank applications for membership, by application to R. J. McClatchey, M. D., General Secretary, 918 North Tenth Street, Philadelphia.

The Preliminary Meeting for the formation and renewal of fraternnal relations, will be held on Monday evening, May 20th, at the residence of Dr. T. S. Verdi, No. 1405 G Street, between 14th and 15th Streets, North-West.

Personal Notices, etc.

BACON.—Charles A. Bacon, M.D., expects to leave New York City about 1st of June, to visit the hospitals and medical schools of Europe. He will probably be absent for two years, We hope that his tour will be pleasant and profitable, that he will have many valuable articles to contribute to our pages, and that he will return to our shores enriched in mind and strengthened in body.

NICHOL.—Many of our readers have been disappointed at the failure of Dr. Nichol to keep up his department in this journal. We are happy to announce that we expect to print an article from his pen in the June number, and that this will be followed by other papers regularly from month to month.

SMITH.—Dr. J. E. Smith, homeopathist, of Jackson, Michigan, has resigned his position as Physician and Surgeon to the State Penitentiary, and will remove to Nebraska, on account of ill health.

NECROLOGICAL.

BARRETT.—Edwin A. Barrett, grandson of Dr. Edwin A. Lodge, departed this life April 15, 1872, aged 21 months and 24 days.

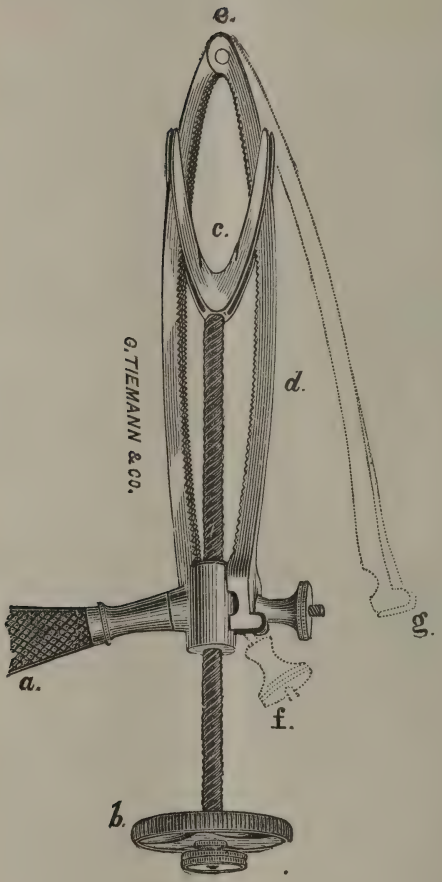
CARHARTT.—Dr. George N. Carhartt, one of the most efficient and oldest physicians of Jackson, Michigan, died very suddenly, April 24, 1872, from nervous prostration, after an illness of only two days. He had only been seriously ill for a few hours, and in the afternoon was apparently recovering quite rapidly. At tea time he sat up in bed to drink a cup of tea, but before it could be given him he dropped back dead. He had resided in Jackson for fifteen years ; was about 50 years of age, and has left four children. Dr. Carhartt, althongh an allopathist, was a subscriber to the *American Observer* from the first year of its publication. He was a liberal physician, sharing his office with Dr. Glasgow, a homœopathic practitioner (a former student), and ready for consultation at any time with our physicians.

PERRINE.—W. W. Perrine, M. D., a prominent homœopathic physician and partner of Dr. J. S. Douglas, died at Milwaukee, Wisconsin, April 22.

REMOVALS.

CROSS.—W. P. Cross, M. D., has removed to his new office and residence, No. 476 Broadway, near Dorchester street, South Boston. It is his nephew and former student who has removed from South Boston.

STRONG.—Dr. T. Morris Strong, from Flint, Michigan, to Aurora, N. Y.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Obstetrical Observations.

A NEW OVARIOTOMY CLAMP.

BY B. F. DAWSON, M. D., NEW YORK.

The operation of ovariotomy is rapidly attracting increased attention, and while but a short time since it was performed by a few surgeons, we now hear of its being undertaken by many young and inexperienced physicians with the boldness of old ovariotomists.

Notwithstanding, however, the frequency with which the operation is performed, and the consequent progress made in the procedure itself and the after-treatment of the patient, yet it cannot be denied by any one who studies the subject but that much, very much, remains yet to be learnt, before it can be classed amongst the perfected operations of surgery.

Even yet, some of the eminent ovariotomists of Europe and this country are at variance as to many of the most important points in the operation; for instance, as to the treatment of the pedicle, whether it is best to ligate and return it or not into the peritoneal cavity; to clamp it, and keep it external to the abdominal wound; or to dispense with both ligature and clamp, by substituting the écraseur, the actual cautery, or laceration.

The proper treatment of the abdominal incision is also a mooted question, the majority advising immediate and perfect closure, while a few, and not the least distinguished, advocate the practice of leaving a small opening, to allow the exit of septic gases and material, and advised washing out of the peritoneal cavity.*

* See Prof. E. R. Peaslee's paper on "Injection into the peritoneal Cavity after Ovariotomy, in *The American Journal of Obstetrics and Diseases of Women and Children.* Vol. III, No- 2, p. 300.

Although there exists such difference of opinion in regard to the treatment of the pedicle, yet the majority of the distinguished ovariotomists are becoming more in favor of clamping the pedicle than of ligating it, and some have given the most conclusive proofs of the former in the statistical results of their cases, (Spencer Wells, Thomas, Atlee, &c.,) by far a greater number so treated recovering, than where the various forms of sutures are used, and the pedicle returned into the abdomen.

The advocates of the latter method, as well as those in favor of the clamp, have been active in endeavors to perfect each detail of the individual methods, and have given us as results varieties in ligatures as regards material and application, and clamps of different principles and special peculiarities.

As it is not my purpose in this paper, however, to discuss the various methods of treating the pedicle, but only the application of the clamp, and especially one possessing new principles, I will pass immediately to the subject.

The object of all clamps is to so compress and retain the ovarian pedicle as to perfectly control all hæmorrhage, either temporarily until the ligature is passed, or permanently, without the latter, as the operator may desire.

With one exception (Atlee's clamp),* the principle of action af all clamps is the same—compression of the pedicle between two parallel arms of steel, which are brought into co-aptation by two screws, or a hinge and screw combined. Such instruments compress the tissues in but two directions, and thus allow them to spread more or less between the bite of the clamp, and this very spreading of the pedicle is somewhat essential for the proper closing of the clamp.

Now, two great objections seem to me to be attached to this *spreading* of the pedicle: 1st, it must somewhat prevent (perhaps only in a slight degree) *perfect* ligation of the pedicle by any of the various ligatures, for, after ligation, that portion between the ligature and clamp is spread out in a fanlike manner, and therefore offers unequal resistance to ligation; and, 2d, if the clamp only is used, the pedicle expands transversely

* See *American Observer*, October, 1871.

to the wound, and thus prevents sufficient approximation at the point where it is situated.

The above conclusions have been arrived at after having been present and assisted at some sixteen operations for ovariotomy, performed respectively by Drs. T. Addis Emmet, T. G. Thomas, E. R. Peaslee, Joseph Kammerer, John Byrne, and Stephen Merritt.

To overcome one of these objections, Dr. Washington L. Atlee, of Philadelphia, has recently invented a clamp "to limit within certain points, the expansion or spreading of the pedicle when the blades of the clamp are screwed together."

By his clamp the pedicle is compressed in four directions, and thus made to occupy a very small space in the abdominal wound. This one has certainly great advantages over other instruments, but as its mechanism is somewhat complicated, there is yet an opening for further improvements.

I will therefore call attention to a clamp of entirely new action which I have recently had made, and the mechanism of which is exceedingly simple.

The principal features of this clamp are: 1st. It compresses the pedicle in a uniform manner and into as small a compass as may be needed; 2d. The compressing force is exerted by a single screw; 3. Its application around a pedicle is quick and exceedingly simple; 4th. With it a ligature can be passed directly around the compressed portion of the pedicle, and be made more secure than with other instruments; 5th. Ecrasement could be performed if it were desirable.

In the accompanying woodcut, the clamp is seen locked, and and in the act of compressing a pedicle, if we imagine the wheel *(b)* to be turning. By the turning of this wheel the slide *(c)* is slowly pushed up towards the joint *(e)*, and thus the tissues are constricted to any requisite degree in an elliptical manner.

In applying the clamp, the arm *(d)* is to be opened by unscrewing the nut *(f)* and then passed around the pedicle and closed again, and made fast as before, the slide *(c)* having previously been screwed back towards the handle.

If it should be determined to ligate the pedicle, the clamp

is to be armed, beforehand, with the ligature, by passing it between the lower blades of the slide and the arms of the instrument, which is then applied; by this means the ligature is enabled to engage the pedicle as tightly as may be desired, and without any strain being brought upon it until the clamp is removed.

If the clamp is to be used instead of the ligature, after sufficient compression of the pedicle, the handle (*a*) and the wheel (*b*) are to be removed, by unscrewing them, which renders the clamps much lighter and perfectly flat, so that no inconvenience is caused by its resting on the abdomen.

The dotted outlines (*g*) in the cut show the arm of the clamp opened ready for application, and needs no particular explanation.

Besides the purpose for which this clamp was originally designed, it may advantageously be used in the removal of hæmorrhoids, portions of the tongue, penis, scrotum, and extraneous growths.

The entire instrument is so light, compact and small, that its case may be carried in the vest-pocket without inconvenience.

ON THE DETERMINING CAUSE OF LABOR.*

BY C. C. P. CLARK, M. D., OSWEGO, N. Y.

The question of the determining cause of labor has been variously answered. A summary of the different solutions may be found in Cazeaux, pp. 386, *et seq.* An additional theory has been lately discussed in this journal.† Objections so obvious and conclusive have been made to each of them, and will indeed suggest themselves to every intelligent and reflecting mind, that they may be safely laid aside as hardly worthy of consideration or argument. The theory of M. Brown Sequard, that an excess of venous blood in the organ at term

* The American Journal of Obstetrics and Diseases of Women and Children, February, 1872.

† American Journal of Obstetrics and Diseases of Women and Children, Vol. 4, Nos. 1 and 2, May and August, 1871.

causes the uterus to contract, cannot, it is true, be disproved, but it is so far-fetched, its elements are, to common physiological apprehension, so foreign to the matter to which he applies them, and the application is so unexpected, that it bears the stamp of an ingenious conceit rather than of a true interpretation of nature's simplicity and directness. No sound theory in any science was ever proposed that experts did not exclaim: "How simple! I wonder that I did not think of that before," —so nearly are discoveries in science always allied to what was known before.

This leaf in the volume of nature has been studied as though human physiology was the entire treatise, and not a single chapter which, to be fully understood, must be taken in connection with the whole scope of the work. An illustration from another part of that volume will throw light on this question. The husk, the seed case of a nut, and the decidua of a mammal, are physiologically identical. The functions, and therefore the life of each, are limited to a brief period; and as the husk or burr of the nut, when ripe, spontaneously forsakes the parent stock, so does the decidua of the human female. The phenomena of this process may be studied and described in detail, but the physiological law is ultimate and beyond analysis.

The investment of the human ovum, the temporary root and support of its individual life, is limited in the duration of its vitality to about 280 days, as in the mare it is to 330 days, and in the chestnut to 115 days. The burr of the nut may fall a few days sooner or a few days later, and so may the decidua of the female mammal. The invested fœtus, like the invested nut, has another law of life. In one sense it has an existence independent of the mother. Were it practically possible to warm and nourish it at any other hearth, it might develope and come to maturity in a foreign place, as the egg of the hen does in an artificial oven. The short-lived decidua, the feeding ground of the fœtus, belongs to the mother. Like the pulp of fruit in the botanical kingdom it perishes when mature, though its contents are destined to a longer vitality. The husk of the nut, the pulp of the apple, and the decidua of the human

female, are destined, when ripe, when their allotted functions are performed, to perish and decay.

The knowledge of this great physiological fact is alone sufficient to suggest that it is to the maturity of the decidua that we must look for the cause of the occurrence of labor at a fixed time. But the question arises: What is the particular change in the relations between the decidua and the uterus that now awakens reflex action, and precipitates labor? What is it that comes so suddenly to disturb the harmony that has so long existed, and substitute for the placidity of mere being a storm of physiological action? How does that which for months has been pleasing to the womb, now become offensive? To-day all is peace; to-morrow seeming repugnance, violence, pain. What is it that precipitates the change? Why does it occur to-day and not yesterday? This is the question of the determining cause of labor.

In the investigation of nature we need not always be satisfied with observing her; we may sometimes question her. Those branches of science which concern the human family do not always permit free questioning of their subject. Humanity often stands in the way. In this case, fortunately, crucial questioning is not only possible, but is daily practiced.

When the obstetrician, in a case of contracted pelvis for instance, desires to precipitate labor, to what class of measures does he resort to accomplish his purpose? By the bougie or the uterine douche he separates the decidua from the uterine wall over a certain space. The effect of such separation can be nothing else than to damage or destroy the vitality of the detached part. Dependent as that membrane is for its nourishment on the snbjacent uterine surface, the life of the separated part must soon cease; nor can it be doubted that in a part of such low vitality the morbid condition and subsequent death induced by the separation would rapidly spread beyond the boundaries of the original injury, and result in further detachment. A perforating wound of the membranes being incapable of healing, would soon become an ulcer, and by the extension to its environment of the morbid action of which it must itself speedily become the seat, would in like manner

lead to their cleavage from the uterine wall over a gradually extending area. Hence the sure influence of such puncture in inducing labor. The same reasoning applies to the effect of the introduction of a tent within the os uteri, and to all other modes of damaging the decidua.

Thus may labor be artificially precipitated. There is abundant reason for believing that at term a *spontaneous separation of the decidua* occurs, and is the *determining cause* of labor. The investment of the ovum is then mature. This ripeness, like the ripeness of fruit, is accompanied by a suspension of nutrition, and involves the loosening and detachment of this temporary organism from its seat. This separation, by the same analogy, and by the reason of the case, may be expected to begin in the least highly organized part of the investment. The decidual membrane, and not the highly vascular part of the decidua which helps to make up the placenta, is the first to yield up its life and let go its hold.

It will be noticed as an actual fact, on introducing the finger through the os uteri at an early stage of labor, and passing it in different directions between the decidual and uterine surfaces, that a complete separation of those surfaces, as far as the finger can reach, has already taken place. Delicate manipulation will easily distinguish between actual separation and separability. This detachment will often be found to have taken place before the yielding of the os and neck can have produced it mechanically. Sometimes it exists in one direction from the os and not in another, and sometimes it will not be found to any considerable extent in any direction. In these last cases subsequent phenomena will indicate that the cleavage, which at the beginning of labor is probably partial, has begun in a region removed from the os uteri. The watery oozing from that opening which commonly precedes, and still more uniformly attends the beginning of labor, and which has its source in the bared internal surface of the womb, or in the debris of the dead decidua, will not take place till a later period of the labor; then, when the region of detachment by gradual extension comes to communicate with the os uteri, this ooze will be noticed to come for a time in successive small gushes

with the pains. This devitalization and decay of the decidua at a distant part, while in the neighborhood of the os it is still comparatively sound, explains what Cazeaux declares to be "nearly inexplicable," viz., that sometimes the membranes are ruptured high up instead of at the uterine orifice.

The spontaneous escape of the liquor amnii near term, but before the occurrence of labor pains, can only be due to the disintegration by over-ripeness of the decidual structure, and must imply some extent of detachment. Therefore it is that such escape, whether complete or incomplete, is soon followed by labor. The extreme bulging of the bag of waters before the head, which is often noticed, is permitted by a detachment of the membranes largely in excess of the degree of dilatation of the os, and is not explicable on any other than the theory under consideration. That this spontaneous cleavage, variable in extent and seat, is among the phenomena of labor is also clearly indicated by the fact that while, in withdrawing the placenta from the vagina, its accompanying membranes will *generally* be felt to have no adherence to the maternal parts, a considerable amount of force will *sometimes* be required to peel them away. Occasionally a portion of them will be left still clinging to the uterine walls, and the whole might be expected so to remain but that ripeness and death loosen their hold. Before term the decidua adhere to the uterine wall with such tenacity that it is impossible to suppose that their detachment is due to the mechanics of labor.

The doctrine of the partial physiological cleavage of the decidua from the uterus before labor being thus sustained by analogy, by reason and by facts, may be deemed irrefragable. It may to some readers appear so obviously true as to make this argument seem superfluous. I have given it at some length because this phenomenon is not put down among the possible causes of labor by any authors that have fallen into my hands.

The partially devitalized and detached decidua induces labor pains, because it thus *becomes a foreign body in contact with the inner surface of the uterus*, and as such is offensive to the reflex instincts of that organ. Why any foreign body in that situa-

tion excites reflex action is incapable of explanation. It is an ultimate physiological law. That the muscular power of the uterus, dormant perhaps through all its previous history, should thus suddenly be called into action, is no more strange than that the fœtus shortly after birth should for the first time void the meconium. The womb, like the rectum, is but a recess in a conduit to the outer world.

It helps us to believe that partial separation of the decidua is the normal provocation of labor when we remember that the pregnant womb is wonderfully insensible to anything amiss within it other than the contact of a foreign body. Witness the immense dilatation that it will bear from multiple fœtation, or from hydrops; witness the violent struggles of its inmates that it patiently submits to. It will bear for a long time undisturbed the death of the ovum. We sometimes see a fœtus expelled in an advanced stage of decomposition. A twin fœtus, as recently happened under my observation, may lie there, as shown by its stage of development, for months, and slowly undergo such changes as profoundly to deprave the blood and affect the health of the mother, without awakening the self-preservative instincts of that organ. So we see the husk adhere to the branch though the enclosed nut be abortive and dead. The husk belongs to the tree, but the nut belongs to the husk. But when at length the vitality of the decidual membrane is so far impaired as to loosen its hold upon its nutrient seat, then the quick is touched by the dead, and the blind and sleeping law of self-preservation awakens to its duty. The distant fœtus—vitally and physiologically distant—may fare well or ill; that matters little; but the womb will take care of itself, and when that investment of its transient inmate with which its walls are in contact, and of whose presence alone its reflex instincts are conscious, begins by separation to become a foreign body, it must be expelled.

There is room for doubt whether any pathological change in the decidua will bring on labor until it has first resulted in the partial detachment of that organ. Extreme fatty degeneration of the placenta extending doubtless throughout the decidua, and other morbid conditions, are known to be compatible with

muscular quietude of the uterus. It is therefore probable that the changes in structure which the maturity of the decidua involves, have nothing to do directly with the occurrence of labor. They are merely a *causa causarum*. Labor normally comes on, then and then only, when the decidua, cleaving from the uterine walls through ripeness, becomes a *quasi* foreign body in the cavity of the womb.

P. S.—Since this article was written, my friend, Dr. C. Macfarlane, has directed my attention to a paragraph on page 311 of the first volume of the American edition of Simpson's Obstetrical Works, where I find that I have been anticipated in the doctrine here advanced, by that distinguished obstetrician. As it is, however, only incidentally touched upon by him, and does not appear to have generally attracted the attention of the profession this fuller exposition of it may not be profitless.

GLOBE PESSARY RETAINED SEVENTEEN YEARS.—Dr. Barker said:* A short time ago he was consulted by an old lady of seventy-one years who feared she had cancer of the uterus, as during the last two or three months she had had a bloody discharge from the vagina. She ceased menstruating at fifty-two. On examination Dr. Barker found a globe pessary high up, which he removed, much to the surprise of the old lady, who protested that she never knew that she ever had a pessary, for she had been examined but once before in her life, and then by Dr. Meigs, seventeen years ago.

GLOBE PESSARY RETAINED FOUR YEARS.—Dr. Brown* stated that two months ago he also was consulted by a woman who was wearing a glass globe pessary which had not been removed for four years. Previous to the menopause the pessary would often fall out, but since that time many unsuccessful attempts had been made to remove it. Dr. Brown found it necessary to anæsthetize the patient, forcibly dilate the vagina, and to use considerable traction with forceps, in order to effect its removal.

* Transactions of the N. Y. Obstetrical Society, as reported in the *Journal of Obstetrics*, Feb. 1872, p. 729.

Pathology and Microscopy.

PROFS. C. A. COLTON, M.D., AND SAMUEL A. JONES, M.D., EDITORS.

ARTEMISIA ABSINTHIUM.

Absinthium vulgare, (Lamb.) *Common Wormwood.*

I.

"Absinthium, *Wormwood;* it is heating in the first degree, but drying in the third, being possessed at the same time of astringent, bitter and acrid qualities. It therefore evacuates bilious humors in the stomach by the bowels and urine, But in collections of phlegm it is of no service, owing to its astringency. The juice of it is much hotter than the herb itself."*

"Dioscorides recommends the true wormwood in a great many cases, both externally and internally, as being diuretic and preventing surfeit when taken beforehand, relieving flatulence of the stomach and bowels; proving emmenagogue in a potion or pessary, removing the feeling of suffocation induced by mushrooms, when drunk with vinegar, and when with wine, counteracting the poisonous effects of ixia and hemlock, the bites of the shrew mouse and sea dragon; its vapor removing toothache, and a cataplasm the intense pains of ophthalmy; as suiting dropsical affections and diseases of the spleen, and in many other cases. He mentions a wine of wormwood, made by the people about Propontis and Thrace, which they used for the aforesaid purposes *in the absence of fever.* * * * * * Apuleius calls it anthelmintic. The Arabians recommend it with the same intention. All the authorities hold that it is cholagogue, (Avicenna, Serapion, Averrhoes, Rhases, Dioscorides, Galen, Ruffus, Pythagoras and Oribasius). The last of these quotes Mesue as saying of it that it is stomachic, a whetter of the appetite, useful in jaundice, quinsy, inflammation of the eye and ear, hardness of the liver, spleen, and womb, and in dropsy. One of Serapion's Arabian author-

* Paulus Ægineta, Book VII, Section III, page 63, Sydenham Society.

ities recommends it as a deobstruent, and in cases of jaundice. Celsus recommends it as being both stomachic and diuretic."*

Considering the very general popular use which has been made of Wormwood, it is at least curious that no mention is made of it in the world-famous *Code of Health of the School of Salernum.*

The earliest English work in which we have found its virtues cited is a small quarto in black-letter, *The Hauen of Health.*†

"Wormwoode is hoate in the first degree and drie in the third. Two sorts of Wormwoode are well knowne of many; that is, our common Wormewode, and that which is called *Ponticum*, now sowen in many gardens and commonlie called French-wormewood; and while it is young it is eaten in salads with other herbes, to the great commoditie of the stomack and liuer. For it strengtheneth a weake stomacke and openeth the liuer and spleene, which vertues are chiefe for the preseruation of health, as Galen witnesseth. It is best both in sickenesse and in health to haue the liuer open. For which purpose there is to be had at the stilliard at London a kind of wine named wormewood wine, which I would wish to be much used of al such students as be weake of stomacke. They may easily haue a rundlet of three or foure gallons, or lesse, which they may drawe within their owne chambers, as neede requireth. I was wont, when appetite failed, to steepe a branch or two of common wormewood in halfe a pynte of good white wine, close covered in some potte all night, and in the morning to straine it through a cleane lynnen cloath, and put in a little sugar and warme it, and so drink it. Or sometime to burne a little quantity of wine with sugar, and a branch or two of Wormwood put into it. Wherein I have found many times maruailous commoditie, and who shall so use it now and then shal be sure of a good stomacke to meate (and be free from wormes)."

Nearly a century later Dr. Thomas Venner wrote of it:

"Wormwood is hot and dry in the end of the second degree: it hath a cleansing faculty, with some astriction adjoined; it is marvellous profitable to a weak stomach that is troubled with choler; for it cleaneth it through its bitterness, and by reason of the binding quality; it also strengtheneth and comforteth

* Dr. Adams' *Commentary*, *Loc. cit.*

† *Circa* 1580. Our copy lacks the title-page, and the date of publication is ascribed from internal evidence. We shall be under obligations to any reader for the date and author's name.

the stomack. Moreover it is good against windiness and griping pains of the stomack and belly: it strengtheneth the liver, and riddeth it of obstructions, and the blood of putrefaction, cleansing by urine naughty, cholerick and superfluous humours. It also helpeth the spleen when it is overcharged with grosse, feculent blood, by causing it to passe downward by the stoole, together with the excrements. Wherefore, in regard of the great commodity that wormwood bringeth to the stomack and liver that are weak and oppressed through the redundancy of choler or melancholy, I do advise all those in whom those humours exceed their limits, to eat oftentimes the young and tender tops or leaves of Wormwood in sallads with other hearbs; but especially to drink mornings, fasting, and sometimes, also, before meales, a draught of Wormwood wine, or beere, or in want of these, of white wine, or stale beere, wherein a few branches of Wormwood have for certain hours been infused, and I assure them that they shall find great commodity thereby: for it will clense the stomack, liver, gall, and spleene, discusse windinesse, cause them to have a good appetite to meat, to be free from wormes, the jaundies, and other diseases proceeding of choler. Hence it may appear that those who being of a *phlegmatic or moist temperature* doe for the weakness and windinesse of their stomacks, make often use of Wormwood beer, or of the hearbs infused therein, as aforesaid, are much deceived, except that a choler or meloncholy shall accidentally happen to abound in their stomacks, because Wormwood is first and chiefly good for the cholerick, next for the melancholick, and is now and then also convenient for the sanguine constitution, because the sanguine constitution is very apt to grow cholerick; but for the phlegmatick it is nothing at all availeable, and unless that choler or melancholy shall happen to offend their stomacks, through obstructions of the gall or milt; and for such, in regard of the weakness and windines of their stomacks, Wormwood wine, or the hearb infused in wine, as aforesaid, is far more convenient than any absinthiary beer."*

Burserius, *Institutions of the Practice of Medicine*, recommends it in intermittent fever, and influenza. For promoting sweat in catarrhal fever. "In the species of cachexy or dropsy which succeeds to excessive evacuations of blood or any fluid." As a tonic after paracentesis. For palpitation of the heart in hypochondriachal and hysterical patients; "when the gastric

* *Via Recta ad Vitane Longam*, p. 218. London, 1650.

juice appears to be sluggish, and atony of the stomach be at the same time combined with it." For morbid digestion in cold and moist habits. For worms; tympanites; obstructions of the abdominal viscera in lax and cold constitutions.

"It was recommended by Haller for keeping off fits of the gout, for which purpose it is said to have served the Emperor Charles V."

It is said to be adapted for "dyspepsia occurring in debilitated and torpid constitutions," and that "at one time it was celebrated for the cure of intermittents." Wood holds it as a good "preventive of intermittent fever." In this author we find the remedy shorn of the "fair dimensions" it had in the estimation of quaint old Dr. Venner, and even the sphere allotted to it by the ancients is tremendously curtailed. "It has been used as an anthelmintic and emmenagogue, and probably has some efficiency in these respects. It is probably not without a stimulant influence on the nervous system, such as characterizes the antispasmodics; * * * and hence may be used with hope of benefit in some hysterical cases, attended by feeble digestion, and defective menstruation." Thus does the recognition of *succedanea* dwarf instead of cherish the knowledge gathered so slowly in the ages.

Wood also writes of it: "In small doses it operates like the simple bitters; in larger, excites the pulse, increases the heat of the skin, produces headache, and is said sometimes to have exhibited narcotic effects." This is good testimony in the light of which to read the teachings of the ancients and of Dr. Venner. When a remedy affects the sluice-gates of life—the trophic nerves—in that it thereby influences nutrition, we may predicate a promise of usefulness for it. That other remedies produce results similar but more striking in their intensity, does not induce us homœopathists to neglect the feebler acting one. We have but to learn the peculiarities of this seeming feeble one, and knowing them we have the conviction that in *its* place no other thing under heaven will do, or can do, *its* work. We have grounds then for believing with "one of Serapion's Arabian authorities," that it is a deobstruent and is useful in jaun-

dice, and we are justified in believing with Mesue that it can be efficacious in "hardness of the liver, spleen and womb, and in dropsy." The same considerations lead us to accept the teaching of "all the authorities" in regard to its being a cholagogue and a diuretic. We need not turn away from even the intensely Galenic pathology (?) of painstaking Dr. Venner; uncouth his phraseology may be, but he knew, at least, when *not* to use Wormwood. "It is *now and then* also convenient for the sanguine constitution," but only when the sanguine has grown cholerick. It is "*hot* and dry in the end of the second degree," hence it may not be used ignorantly with the full-blooded, because it "excites the pulse and increases the heat of the skin." To read old Venner in the light of to-day is to place Wormwood in the carbo-nitrogenoid group of remedies, and to forbid it to hydrogenoid humanities *in Dr. Venner's doses*; but it was in all probability as an hydrogenoid remedy that it has cured intermittents, and is "particularly recommended as a preventive" of them.

II.

To the absinthe drinking of the French is due the resurrection of a remedy whose virtues were quietly buried in dusty old folios.

It appears that in 1861 "the use, or rather the abuse of the the liquor 'absinthe,' gave the political economists of France 'much anxiety.'" During a discussion in the Senate, Messrs. Dumas, Motet, Ancelmier, and Figuier, asserted that *absinthe* contains a peculiar poisonous ingredient, and M. Moreau, on the contrary, considers the same bitters objectionable merely on account of their spirituous nature." From this M. Moreau we learn that "In general about one ounce of the spirit (absinthe) is diluted in a tumblerful of water; but a person who may be able to drink three, four, five glasses and more of brandy and water, or rum and water, in the course of the day, without any perceptible effect, will often be unable to take three or four glasses of absinthe and water without betraying symptoms of intoxication, which cannot therefore be due to the alcohol."

Then follows a feature given by the same authority, which our posology will enable us to appreciate, though we may not explain it. "An experienced epicure," says M. Moreau, "does not suddenly pour the water into the tincture of wormwood contained in his glass; this plan would deprive the beverage of its stimulant and stomacic virtues; but he gently adds the water in drops, and by a jerking motion, so as to *strike* the absinthe—this is the technical term; the result is a greenish and opaque mixture; whereas, had the opposite system been adopted, an imperfect emulsion of a nearly transparent hue would have been the consequence." "Taken undiluted, the tincture of wormwood produces none of the results common to absinthe thus prepared,"* a piece of testimony for which we dilution men are properly grateful; and also a hint for the further proving of *Artemisia absinthium.*

At a later date we find the following among the conclusions reached by M. D. Decaisne in regard to the effects of absinthe:

1. Absinthe, in the same dose, and of the same degree of alcoholic concentration as brandy, produces more disastrous and strongly-marked effects on the economy.

2. In an equal dose, absinthe produces intoxication much more rapidly than brandy. The conditions that have been described under the names of acute and chronic alcoholism, are much more rapidly developed under its influence. It must, however, not be forgotten, that the amount of alcohol in absinthe is generally very great.

3. That the effects of absinthe on the nervous system are more marked than those of brandy, and closely resemble the effects caused by narcotic-acrid poison.

4. One of the greatest dangers of absinthe consists in the adulterations to which it is subjected.

5. Absinthe of good quality, in moderate doses (a glass or two daily) is *never unattended by danger, but always produces, in time, disorders, especially of the digestive functions.*†

Finally the conviction was stated "by many writers that there is a poisonous principle in the officinal absinthium."

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* Quoted from *Medical Circular*, March 4, 1803, in *British Journal of Homœopathy*, Vol. 21, p. 347.

† British Journal of Hom., Vol. XXIV, p. 527.

Then came a series of experiments upon animals. Doses of two or three grammes of the essence of Wormwood, given to dogs and rabbits, produce trembling, stupor, sluggishness, insensibility, and all the signs of great terror. Doses of from three to eight grammes induce epileptiform convulsions, with involuntary evacuations, foaming at the mouth, and stertorous breathing: symptoms which are transient in duration and have not produced death.

The same authority, M. Marcé, says "that the liquor known as 'absinthe' has a double poisonous action on those who take it in excess, viz - the action of the alcohol and that of the essence of wormwood, the latter being characterized by stupor, sluggishness, terrific hallucination, and intellectual weakness, *all setting in with great rapidity*."*

This matter is still further precisionized by the investigations of MM. Magnan and Bouchereau into the properties of *Artemisia absinthium*. "By a series of experiments on animals, they learned that none of the ingredients of the famous French drink, absinthe, were at all injurious, except the absinthe itself, and the alcohol." Under a bell-glass containing a saucerful of essence of absinthe a guinea pig is placed. He soon begins to run with furious bounds, trying to escape. Then falls upon its side, stretches all his limbs, which are becoming rigid and immovable. Then all at once he is agitated by convulsive jerks; foaming saliva covers its nose; then the epileptic attack will cease and leave the animal inert.

Another guinea-pig was tried with alcohol alone. The animal is at first excited, then it reels and staggers, then becomes drowsy, and it finally lies down with the most complete indifference. It is boozy, neither more nor less, *but not epileptic*.†

III.

The only proving with which we are acquainted is that furnished by Prof. H. P. Gatchell.‡ It was made by a lady of general good health, nervous temperament, dark hair.

* *Loc. cit.* quoted from *Social Science Review.*

† U. S. Medical and Surgical Journal, Vol. V., p. 294.

‡ U. S. Medical and Surgical Journal, Vol. V., p. 293.

"Soothed, as (if) going into (a) beautiful dream. Very tranquil, as if brain (were) rounded and symmetrical; tremor of (the) heart, felt towards the back. Feet very cold. Wants nothing to do with anybody. Eructations, stomach and bowels distended. No muscle; great lassitude. Wants to lie with head low. Heart thumps: I can hear it in the scapular region. Eyelids heavy.

Stomach feels cold and oppressed; thinks it would not absorb much. Thinks liver and spleen thickened. Sick in stomach and liver.

Tongue protrudes, feels thick, can't talk distinctly. Looks foolish. Epileptiform convulsions. Complains that tongue and larynx are paralyzed. Thinks liver and spleen have become thin and pale. Pain in the eyes. Nausea, apparentiy in region of gall-bladder. Idiotic manner; don't care whether she dies or not. Eyes itch, dizzy when she rises up. Constant desire to urinate. Food lies heavy. Darting pain in right ovary. Very much bloated. Uncomfortable, irritated feeling of stomach.

Next day very weak, no appetite, loathed food. Bloated around the waist and in the abdomen, as after ague. Scalded feeling in the throat. Immense accumulation of flatulence; wind-colic. Urine of a deep-yellow, orange-color, and strong, horse-like smell."

"Mr. W. Smith (Proc. of Med. & Chir. Soc., vol. iv., No. 3), records a case of poisoning by about half an ounce of the oil of wormwood. The drug acted as a narcotico-acrid, causing insensibility with convulsions. The jaws were firmly fixed, and foaming at the mouth was among the symptoms observed. There was also a tendency to vomit. Emetics, as well as stimulants and demulcents were employed in the treatment of the case. The man recovered. It is remarkable that *afterwards he had no recollection of taking the poison, nor of the cause of his doing so.*"*

The italics are ours. The reader will note this marked feature of epilepsy.

In the face of the yearly increase of cases of disease of the nervous system, this remedy demands and will repay an exhaustive proving. Hughes writes in favor of *Hydrocyanic acid* in epilepsy; *Artemisia absinthium* promises more in that its action is not so evanescent. S. A. J.

* Year Book, 1863, p. 422, Sydenham Society.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

ON SOME FORMS OF UTERINE DISPLACEMENT.*

BY DR. C. P. COLLINS, LEAMINGTON, ENGLAND.

So far as my acquaintance with homœopathic medical literature extends I have found but few references to malpositions of the uterus. Uterine surgery appears, like surgery proper, to have been delegated to our brethren of the old school, not from its possessing insufficient interest in itself, nor from members of our own body being wanting in surgical skill, but rather is it to be ascribed to their chief attention being directed into another channel, to the development and general recognition of the "law of similars."

The principal object of this paper is to bring to your notice a subject interesting to us as professors of the healing art; to record my own limited experience; to suggest as the result of my observations what appears to me the most successful mode of treatment; above all, to elicit from my professional brethren much that I trust may be of service to myself in the future.

The displacements that the uterus is chiefly liable to are prolapsus, in which the organ sinks down more or less into the vagina: version, in which the body or fundus is thrown forwards or backwards; flexion, in which the body of the uterus is more or less bent upon itself. My paper will deal with the two latter states, viz: version and flexion, together with the morbid changes frequently arising under such circumstances.

Anteversion.—Anteversion may be defined to exist when the fundus of the uterus is thrown forwards and downwards, resting on the bladder and pubis, the os and cervix being turned in the opposite direction towards the rectum. Anteversion is generally more limited than retroversion, but in exceptional cases the fundus is pressed down behind the bladder.

* Read before the Midland Homœopathic Medical Society at Birmingham, Nov. 24, 1871. From British Journal of Homœopathy, April, 1872.

Retroversion.—In retroversion the opposite conditions exist, the fundus resting against the rectum, and the os and cervix lying in juxtaposition with the bladder and pubis. The uterus in both simple anteversion and retroversion may be considered as turned over on its own axis, this axis being represented by a line drawn through the upper part of the cervix.

Flexions.—When the os and cervix uteri retain their normal position, and the fundus is thrown forwards or backwards, we have the morbid condition known as ante or retro-flexion. The uterus is bent upon itself, resembling somewhat in appearance a chemical retort. When the flexion has existed any length of time congestion takes place in the cervix, and we find it considerably hypertrophied, and the os frequently patulous, freely admitting the end of the finger, and this even in the virgin state.

In flexion there will be found, in the majority of instances, a considerable increase in the size of the fundus, owing to the impediment to free circulation, the organ being in fact more or less congested. The rectum, vagina, and surrounding parts become relaxed, and we may have profuse leucorrhœa. Ulceration of the os is also not unfrequent.

Before discussing the etiology of displacements, it will be well to note what security we have against these deviations. The uterus should be considered as suspended rather than firmly held within the pelvis; there is a considerable freedom of movement permitted, but it is restrained within certain limits by ligaments. These ligaments are formed by folds of peritoneum reflected from the uterine walls to the bladder in front and the rectum behind, constituting the anterior and posterior ligaments. The broad ligaments arise from the peritoneum passing from the uterus laterally to the adjoining sides of the pelvic cavity; these ligaments contain within their folds the Fallopian tubes, nerves, and blood-vessels. By these several means the organ is kept in its position, much as a ship's mast is held by its ropes and mainstays. To carry the simile further, inasmuch as the ship's mast requires something more than these supports, so the uterus requires a base or central point, which it finds in the vagina. The value of the vagina as a support, to my mind, has been underrated; that it plays an important part is evident when we consider that it is firmly connected to the bladder in front by areolar tissue, and less firmly in the same manner to the rectum behind; in addition, at its upper part posteriorly for a full fourth of its length, it has a covering from the peritoneum. I attach special importance to this vaginal support; as in debilitated states of the system

it is relaxed and may become an important factor in predisposing to displacement.

Etiology.—Various opinions have been given as to the causes of uterine deviations. To give one instance among many, Virchow believes that they arise simply from congenital defects, the principal of which he regards as a shortening of the uterine ligaments.

Version may arise from an accident, such as a fall on the back; from constipation, accompanied by much straining; from a distended bladder; from the uterus being larger and heavier than natural, and from the presence of tumors, &c. I say *may* arise, as, leaving out of the question accidental causes or tumors, there is no evidence that they have singly or collectively brought about such a condition.

Dr. Meadows has furnished some interesting tables showing the frequency of flexions and versions in the married and single, thus:

34	women	suffering from	retroflexion	8 married. 26 single.
18	"	"	retroversion	3 single. 15 married.
20	"	"	anteflexion	1 single. 19 married.
12	"	"	anteversion	2 single. 10 married.

Single women are thus found to be liable to retroflexion in the proportion of more than three to one. On the other hand, retroversion was more frequent in the married, the proportion being five to one. Anteflexion in the married was nineteen to one compared with the single, and anteversion also in the proportion of five to one.

With regard to the age at which retroflexion is most liable to occur, it was found between twenty-five and thirty; this was the case also with anteflexion. Anteversion occurred most between the ages of thirty-five and forty.

Sterility is frequently associated with displacement, the liability being in the proportion of 1 to 3⅔. This proportion varies with the kind of displacement, being most frequent in anteflexion, and least frequent in retroversion.

Displacement is a great cause of abortion. In round numbers fifty per cent. of those women who become pregnant abort.

A frequent cause of flexion, I consider, is that condition which has been termed by the late Sir James Simpson sub-involution of the uterus. In about six weeks after natural labor the uterus resumes the size common to the unimpregnated con-

dition, the process being by fatty cell degeneration and absorption. For some reason this metamorphosis of tissue is arrested, and the uterus remains heavy and large,—to use a homely phrase, "top heavy." In such a state it is easy to understand that the fundus will have a tendency to bend over to the side where least resistance is offered, especially as the vaginal support is weakened in sympathy with the uterus.

Other causes give rise to flexion, as it takes place also in women who have not borne children; we can only suppose that in these cases it arises from general debility affecting the uterine sphere.

Symptoms.—Intense congestion of the uterus will induce symptoms often attributable to displacement. This congestion often exists after natural labor, and may escape notice until some morbid phenomena are manifested. Ante and retroversion frequently exist, the uterus being considerably altered in its relations to the surrounding structures without any symptoms whatever showing themselves.

The functions of the bladder and rectum are sometimes interfered with, and constipation is a general accompaniment. In extreme cases the fundus being pressed down behind the bladder causes complete retention. Where the version has existed any length of time ovarian irritation is developed; there is severe pain from pressure on sacral nerves, and a feeling of bearing down and great discomfort. The menstrual function, as a rule, is performed without any difficulty, and conception may take place.

When the morbid condition termed flexion exists another train of phenomena comes on the scene. There is now a serious interference with the flow of the menses; at each menstrual period the uterus becomes greatly distended, as in some forms of dysmenorrhœa, and great suffering is entailed; there is great forcing down, and the menstrual fluid is at last expelled with great force and subsequent relief until the uterus is again distended and the same process repeated. At other times the dragging and weight in sacrum felt on walking is borne with great difficulty. There is always more or less interference with the evacuation of bowels and bladder, and much pain down the thighs. Symptoms of great congestion and even inflammation of ovaries may arise, the probable causes being sympathy or tension on the ligaments. Great tenderness is felt over the uterine and ovarian regions, and hysteria is a frequent complication. Leucorrhœa and menorrhagia are the difficulties we sometimes have to contend with. The left ovary is, strangely enough, the one most prone to be affected.

The sufferings in some cases of uterine flexion are out of all proportion to the pathological state. The pains are constant; sympathetic vomiting, headache, and various neuralgic affections are present. Whatever the symptoms may be they are aggravated on each return of the "period."

Diagnosis.—The diagnosis is not very difficult. On vaginal examination the finger detects in retroversion a rounded tumor behind the os uteri and posterior to the vagina. It is liable to be mistaken for fæcal accumulation, but on passing the forefinger of the left hand into the rectum it is found empty, and the globular mass is felt through the anterior wall of the bowel. The cervix is turned towards the bladder, and can be distinguished with tolerable ease. By the aid of the uterine sound the diagnosis is confirmed with certainty. On passing this instrument, we find in retroversion the direction of the uterine cavity to be downwards and backwards. In cases where no resistance is offered the uterus can be restored to its proper position by rotating the handle of the sound, the point being directed upwards and forwards. If, while the instrument be retained in this position, the finger is reintroduced into the rectum, the rounded mass is no longer felt. After withdrawal of the sound, in rare cases the uterus keeps its normal relationship, but generally speaking it immediately reverts to its former position.

Anteversion may be regarded as an exaggerated position of the unimpregnated uterus. On examination the rounded tumor is now felt anterior to the cervix; the os will be found directed to the posterior wall of the vagina and closely in contact with it, so that it is frequently difficult to reach or discover by the touch.

When flexion has taken place signs of congestion are present, the os and cervix are swollen and tender; ulceration is sometimes present, but more often a state simulating it, arising from the injection of the mucous rugæ and follicular glands which give rise to, and are covered with, secretion. On passing the sound we find its passage obstructed at the point of flexure, and it is only by depressing its point that it can be passed into the uterus. It has been unhappily the fashion to consider many ailments arising simply from functional disturbances of the uterine system to be due to displacement, and to treat the patient in accordance with this view. Displacement necessarily entails a certain amount of tactile examination; to irritate the uterine system when no such state exists must, and invariably does, give rise to a group of reflex phenomena. The speculum, like other aids, is necessary in arriving at a correct diagnosis,

but once accomplished, it need but seldom be resorted to again, even when displacement is present. The uterine sound should always be used with caution, but a suspicion of pregnancy precludes its use altogether.

Prognosis.—A version of the uterus may be rectified, but it is extremely doubtful if flexion is ever completely cured. Even in cases where a most favorable result has attended our treatment, the changes that have taken place in the connective tissue, the atrophic and hypertrophic alterations at the seat of flexure, and probable adhesions with the surrounding parts, forbid the hope of a complete cure.

Ante and retroversion frequently disappear after pregnancy; not so, however, as a rule, with flexion. It may be accepted as a fact that the longer version or flexion has existed the less prospect is there of any material change taking place.

Treatment.—Recent cases of version can be successfully treated by replacement; unfortunately our aid is seldom solicited until the time has long passed away for all operative proceedings. The question suggests itself, can the internal administration of drugs restore the faulty position of the uterus? My experience is quite in opposition to such a view. *Sepia*, *Nux vom.*, *Cauloph.*, and other drugs have been considered to have such powers, but they can, and only do act by removing concomitant symptoms. Our efforts must be directed to relieve the congestion and inflammation of the uterus and its appendages.

The drugs that I have found most serviceable have been *Caulopyllum*, *Cimicifuga*, *Collinsonia*, *Hamamelis*, *Helonias*, *Podolphyllum*, *Pulsatilla*, *Secale*, *Sabina*, *Veratrum viride*, &c. For injections and for outward application the most useful in my hands have been *Hydrastis*, *Hamamelis*, *Calendula*, and *Veratrum viride.*

Whatever medicines are selected it is necessary to persevere with their use for some time, merely changing them if necessary during the menstrual period. To the use of injections I attach considerable importance. There are objections to the ordinary mode of using them. My plan, which is not strictly original, is to instruct the patient to lie on her back with the hips well raised by means of a pillow, and the knees flexed; in this posture the injected fluid gravitates towards the os uteri, with which it can be kept in contact for any desired space of time. There is no occasion to pass the syringe any distance into the vagina; its contents are expelled by means of the thumb and forefinger of the right hand, while the fingers of the left hand compress the labia round the instrument

to prevent a return of the medicated fluid. Medicated sitz baths are of great value; they may be taken every day for ten minntes or more. The most salutary effects have followed the use of one containing *Veratrum viride* in the strength of half an ounce to the gallon of water. This drug is also of service when applied over the uterine region in the form of a compress; it has an absorptive power not possessed by many other drugs, and is of great service in removing fibrinous effusions. The pain and discomfort attending these displacements are relieved by a well-fitted abdominal bandage. Not alone is this done by giving support to the uterus, but it also allays the irritation of the uterine nerves, and we have less reflex or sympathetic pains. It is rare to find women who cannot wear such a bandage, and the benefit arising from its use cannot be over estimatad, especially in women with pendulous abdomens. In very thin women the bandages can be supplemented by an air cushion. The abdominal cavity is diminished by the bandage and the perineal muscles are stimulated to contract, and, as a consequence, many of the bearing-down sensations are much relieved. The bandage should be made so as not to press downwards, but to give support in an upward direction.

Cauterizing the upper part of the vagina has found its advocates, its object apparently being to cause contraction of the fibro-muscular tissues, and so to raise the uterus into an upright position.

Various kinds of pessaries have been invented, some with the view of supporting the uterus in front of the cervix, and others behind it. They give rise to great irritation, and are rarely of service; in the few cases where they are borne without discomfort it is questionable whether they have any beneficial or remedial effect. Local abstraction of blood by means of leeches, &c., relieve in a rapid manner many of the congestive symptoms; the relief thus afforded is not of a permanent character.

In displacements with congestion, and especially when accompanied by menorrhagia, rest is of great importance. It is necessary to keep to the horizontal posture for some hours daily, the rest having been taken at stated intervals. In the few instances where the uterus has been replaced it is advisable to regulate the position for a time according to the nature of the displacement.

The following few cases of displacement are, as might be exexpected from the foregoing remarks, accompanied by complications.

CASE 1.—Miss R—, æt. 36. This lady consulted me in 1866. Had been under medical treatment for many years. Her former medical attendant considered she was suffering from displacement of the uterus and ulceration of the os. The examination revealed considerable congestion of the cervix and enlargement of the anterior lips of the os uteri. The lining membrane of vagina and uterus poured out a large quantity of yellow secretion. The posterior cul-de-sac was found pressed on by the fundus of the uterus. There were great pain and difficulty accompanying defæcation. At each menstrual period great suffering accompanied the flow; the secretion was expelled in clots at intervals and was of a dark color. Hysteria was always present during the "period," and for this large doses of brandy had been taken. There was at all times a most distressing feeling of bearing down. This patient's case was an illustration of the abuse of the speculum. She stated it had been introduced every second or third day, either for the purpose of applying caustic or for replacing the uterus. She always expressed relief after the speculum had been introduced, believing it restored the uterus to its proper position. I regarded it altogether as a morbid feeling, considering it had no effect whatever as regarded relieving the displacement. It was with extreme difficulty that my patient was brought to regard it in the same light.

Under the use of *Hydrastis* injections the congestion and leucorrhœa subsided. *Belladonna*, *Secale*, and *Sabina* were given with considerable benefit, the periods being, after some months, passed over with tolerable ease. *Moschus* was of service for the hysteria. No change for the better as regarded the flexion.

The patient would not give up the use of stimulants, and, after eighteen months' treatment, died of diseased liver.

In this case no bandage was used. No post-mortem was permitted.

CASE 2.—Mrs. T—, æt. 35, mother of five children. Soon after birth of last child, two years since, over-exerted herself, and suffered since from menorrhagia, never free for more than three or four days at a time.

Was seen by me February, 1870. Presented a very bloodless appearance. The drain on her system had been going on so long that she was extremely prostrated; could scarcely perform the least muscular effort. Pulse almost imperceptible; lips blanched, and conjunctivæ of a pearly hue. An examination had never been made, but on this I insisted. It revealed

a patulous state of the os uteri, the lips of which were of a gristly hardness, and having an appearance at first sight not unlike scirrhous disease; there was a muco-purulent discharge; the cervix considerably hypertrophied and protruding into the vagina, in appearance like a hog's snout; anterior lip of os much elongated. A not very extreme flexure of the uterus backwards was detected by the sound and other aids.

The uterus much enlarged, heavy, and very sensitive. Considerable pain and dragging in ovaries, and sensation of bearing down.

The more immediate symptoms indicated *China*, and this was given with most satisfactory results, as far as the menorrhagia and exhaustion were concerned. Absolute rest and the avoidance of stimulants were strictly enforced. *Hamamelis* injections to be used twice daily, and to be retained twenty minutes. A compress of *Veratrum viride* was applied over the abdomen. Marital intercourse forbidden. The medicines administered internally were *China*, *Hamamelis*, *Hepar*, and *Helonias*. For six months this plan was adopted, and steady improvement followed. At the end of nine months the symptoms were all relieved, and the patient expressed herself as feeling quite well. The uterus was certainly less flexed, and neither enlarged nor tender. The monthly period passed over most satisfactorily.

I saw the patient a few days since, and find she has continued well, and is now (15th November) eight months advanced in pregnancy.

I may add that the cervix and os assumed a natural appearance after the course of treatment, the change being greater than I ever witnessed in any similar case. My diagnosis of the case was sub-involution of the uterus in addition to retroflexion. The compress of *Veratrum viride* was so arranged that it acted also as an abdominal support.

CASE 3.—Mrs. B—, æt. 32, consulted me in the latter part of 1870. Was married at 17, the mother of two children, and a widow before 20. Health, although delicate, was fairly good up to this period. Married again at 20, and had three more children, being again left a widow at 25. After the birth of the last child her sufferings commenced; the labor was a severe one, and menorrhagia succeeded it and continued until she came under my care. Her previous medical attendants at Manchester diagnosed displacement, congestion, and ulceration, and one medical gentleman was of opinion there was commencing cancerous disease. A very decided impression

prevailed among them that she would never be able to walk again, or indeed ever get relieved.

My diagnosis was retroflexion, congestion, and hypertrophy of the cervix, and congestion of the left ovary.

There was extreme sensitiveness of the whole uterine system. Menorrhagia lasted fourteen to sixteen days, and was accompanied by violent spasmodic pains. The pains ware apparently cutting, came on in paroxysms, and caused great agony. The attempt to pass the sound failed from the pain it caused, and also from an apparent obstruction within the cervix.

Cauloph. relieved the sufferings on the recurrence of the "period," but it was necessary to supplement it with hot fomentations. For two or three days prior to the commencement of the "period" I enjoined the patient to keep her bed, and for the same time after it had ceased. In consequence of these measures the usual severe fainting fits that came on during the flow were avoided. During the interval *Hamamelis* in the form of a compress was applied over the ovary, and an injection of the same used every night and morning for ten minutes. A tepid sitz-bath, containing *Veratrum viride*, was used every morning for twenty minutes. Carriage exercise and stimulants forbidden, but a very moderate amount of walking in her room permitted. A well-fitted abdominal bandage was worn throughout the day with great relief.

Amelioration of all the symptoms gradually but steadily took place, and after some months the several functions were performed without much suffering. The ovarian tenderness subsided; defæcation took place with less difficulty and pain, and the general health improved greatly. The patient is now wonderfully changed for the better; she can walk without pain, and enjoys long carriage drives. She is now out of my hands, and was married a fortnight since for the third time.

Remarks.—In addition to the remedies mentioned, others were given for short periods, such as *Nux vom.*, *Secale*, *Belladonna*, and *Sepia*, but the medicines which appeared to produce the most relief were those before mentioned. The diagnosis may possibly be questioned, but I am convinced it was a correct one, excepting the suspicion of scirrhus disease. I do not pretend to assume that the flexion is cured, but the discomfort and sufferings are, and the patient enjoys fair health. Should pregnancy occur it will be interesting to note what its effect will be on the seat of flexure. I felt some responsibility in consenting to the patient's marriage, but, looking at all the circumstances, I considered myself warranted in so doing. I shall watch the result with great interest.

The last case I propose detailing is one of anteflexion occurring in an unmarried lady of 26. The following is a short history of the case.

CASE 4.—Miss S— suffered, when 17 years of age, from spinal irritation, and her health broke down after long confinement to the horizontal posture. Twelve months previously to coming under my care she lifted a heavy weight while menstruating, and from that time experienced great pain in the pubic region, and at each return of the "period" suffered from dysmenorrhœa. On passing the sound found the uterus anteflexed. There was, in addition, congestion of the os and cervix and ulceration. Lest ovary extremely tender, but not enlarged. Much irritation of the bladder always present, but more so on assuming the erect posture.

A broad bandage gave great support, taking the pressure off the bladder apparently at once, for the urinary symptoms soon subsided. An injection of *Hydrastis* had an excellent effect on the congestion and ulceration. The medicines for internal use were *Nux*, *Pulsatilla*, *Belladonna*, and *Xanthoxylum*, the two latter being specially of service during the period, and *Nux vomica* in the interval.

At the expiration of four months the patient returned to Clifton, and, in a letter received some months afterwards, she stated she was suffering no inconvenience whatever.

It was my intention to have given other cases, but these may suffice to prove what I maintain, viz: that it is unwise to attempt any operative proceedings in the way of restoring a displaced uterus unless it be of very recent origin. Our treatment must be directed to remove the symptoms whether they be of menorrhagia, dysmenorrhœa, congestion, or ulceration; to let the displacement, as it were, take care of itself. By so doing we shall more frequently relieve the sufferings often thought due to the displacement alone, but which far more frequently arise from other morbid conditions.

In most uterine diseases the use of stimulants is prejudicial. In the cases above mentioned they had been given freely, and I consider no small share of the success that attended my treatment of these and similar cases is partly due to a discontinuance of their use.

In conclusion, I would add that it is of special importance in the class of cases detailed to secure the patient's confidence; a long course of treatment is necessary, and but too often from a want of this confidence our patients are prone to leave us and try some other treatment which appears to hold out a prospect of speedier cure.

Clinical Observations.

W. S. SEARLE, A.M., M. D., BROOKLYN, N. Y., EDITOR.

ON REPORTING CASES.

"I am much more afraid of the empirical adulterations of the society by half-instructed persons of whom you write me. * * * I greatly fear that inaccuracy and confusion prevail there; and I beg of you in every possible way to circumscribe and stem the mischief; for if our art once loses the dignity of the most scientific precision, as must happen when these *dii minorum gentium* press into it with their so-called observations, then I am in solicitude for its elevation out of the dust, for it will lose that certainty on which we alone depend. For this reason I beg of you to reject from your '*archiv.*' all superficial observations of easy cures. True, accurate, careful experience of well-proved homœopathists I would beg of you alone to publish; they should be specimens of good homœopathic practice."—HAHNEMANN. *Letter to Stapf.**

One of the proudest boasts of our school is that our experience is cumulative.

A verified pathogenesis is the same yesterday, to-day, and for all time. In the progress of science theories may be overthrown, and hypotheses exploded, but the remedy possessing our double-proving—the *a priori* of health, and the *a posteriori* of disease—defies destruction: it may be susceptible of further growth and more-including application; but nothing can curtail the dimensions it has once attained by the double-proving. Hence our experience is cumulative; it is an almost needless emphasizing of the positive; needless but gratifying, for our veterans may *go over to the majority* with the gladdening conviction that their *reported cases* will never lose their value as contributions to our therapeutic treasury.

* *Annals British Homœopathic Society*, Vol. II., p. 71.

This truth-preserving method of reporting cases gives such a vitality to our experience because its very essence consists of so explicit a statement of the major and the minor premises that all the future can judge of the validity of the *ergo;* and, more, these clearly-defined premises enable those who shall sit in judgment upon our experience to make a *demonstration* of that which was to us an *experiment.* The coming verifications of the pathogenesis of *Lilium tigrinum* will illustrate our meaning.

As an instance of a properly reported case we may cite an anecdote of Dr. Hering. One of our experts was stating to him a case of recently-treated epilepsy. After hearing the "group" from which the practitioner had prescribed, Dr. H. interrupted the narrator with the remark, "It was a mathematical conclusion that you gave Platina."

Platina had been given, and every day since has testified to the validity of the "cure." When a master can tell what you gave, or what you should have given, then you have reported a case in the form homœopathic.

Alas for the perversity of our nature, we do not live up to the standard of our high calling. We forget the "true, accurate, careful experience," which "alone" Hahnemann begged Stapf to publish. Nor is this the sin of to-day only; twenty years ago the editor of the *North American Journal* (vol. i., p. 74) wrote:

"We not only cordially concur in the desire expressed by Dr. Hering, that every physician would contribute his fragmentary knowledge to the common stock, but shall always reserve a special place for such communications. We recommend our correspondents, however, to imitate the minuteness and accuracy of observation of our learned colleague, and to remember that the neglect of this is the prevailing vice of the old school. 'I have found X very useful in cases of diarrhœa; I find in my practice that some coughs yield readily to Y; my experience with Z in dropsies has been very gratifying'—are samples of every-day contributions to the Materia Medica of allopathy which it does not become us to regard with favor."

If this debasement of our coin were always traceable to 'prentice hands, or to a grievous attack of type-us fever in

some ambitious practitioner, that charity which suffereth long would be "in order"; but if the offender be a homœopathician, "of the Jews a Pharisee," so strong in the psoric *credo* as to pierce an imperforate hymen with Silicea 6000; if, more than all, he be a Professor of Materia Medica—oh, horror!

"Who would not weep if Atticus were he!"

Isn't one instinctively reminded of the vigorous apostrophe Chaucer puts in the mouth of his "poure persone?"

"That if gold ruste, what should iron do?
For if a preest be foule on whome we trust,
No wonder is a lewed man to rust:
And shame it is, that if a preest take kepe,
To see a dirty shepherd and clene sheep:
Well ought a preest ensample for to geve
By his clenenesse, how his sheepe should live."

From a journal which has lately began a fresh voyage, manned by a new crew, we take the following:

"Case 724. I was called to see Mrs. C. on February 24th, 1871, who was suffering with puerperal convulsions. Her physicians informed me that she had been taken the day previous, and the convulsions had occurred very frequently all night without any material progress in her labor. They had administered a variety of remedies in the lower potencies without effect, and they considered her case a hopeless one. On examining the case carefully, it appeared to me that *Belladonna* was clearly indicated. This had been given, but in my opinion was not sufficiently attenuated to have the desired effect. *Bell.* 41m. was then administered, which was quickly followed by a more severe paroxysm than ever. An hour later she experienced another, but *less severe one.* Labor pains now set in, and continued regularly without any more convulsions for four hours, when another slight paroxysm occurred, immediately after which the child was delivered. The patient made a rapid recovery, and has enjoyed better health within the last four months *than ever before.*"

So far as reporting a case *a la Hahnemann* is concerned what matters it however "carefully" this case was examined, or howsoever "clearly" *Belladonna* was indicated, when instead of evidence we are offered only a very empty *ipse dixit?* It will not avail the reporter to argue that the symptoms indicating *Bell.* in puerperal convulsions are too familiar to make a special statement necessary. Moreover, the advocate of such a po-

tency as is said to have been so efficacious on this occasion has no right to inflict such a report upon those who disbelieve in such potencies, unless he submits every item in order that they may be able to "imitate exactly," and thus judge uprightly before they condemn. As it is, one may dislocate the all-including arms of charity and even then be obliged to admit that Case 724 is a first-class specimen of "the prevailing vice of the old school."

Throw your homœopathician the "group of symptoms" and he is satisfied. It is his creed that *they* are *the disease;* and the first canon of the *Organon* is: "The physician's high and *only* mission is to restore the sick to health, to cure, as it is termed." This is his bomb-proof, and safely ensconsced in it one may shell him in vain. But push such a teaching to its logical conclusion and the inevitable *ergo* is that to be a homœopathician one need not be a *physician.* In proof whereof we submit the tail-piece to "Case 725"—a piece of practice from the same practitioner's *repertoire:*

"As puerperal convulsions proceed from a very deeply seated morbific agency, I have for a number of years past relied entirely upon the highest potencies as the most sure and efficient in combating this frightful manifestation of diseased vital force!"*

O Gatchell and Drysdale, clear-eyed sentinels on the watch-tower of science, what of the night; what signs of promise are there when a reported case of to-day carries to our students such "perilous stuff!" If a fellow feeling makes any reader so wondrous kind as to lead him to reject this testimony as insufficient, we will add to it by citing "Case 726" (from the same pen, of course).

"STRICTURE OF ŒSOPHAGUS.—On February 21st, 1871, I was called to see Mrs. L., of this city, *ætat* thirty-five.

"I found her experiencing the greatest difficulty in swallowing; the œsophagus being so much contracted as to scarcely

* "He has a confused remembrance of words since he left the University, but has lost half their meaning, and puts them together with no regard, except to their cadence; as I remember, a fellow nailed up maps in a gentleman's closet, some sidelong, others upside down, the better to adjust them to the panels."—SWIFT. *The Public Spirit of the Whigs.*

admit the introduction of the smallest sized probang into the stomach, the contraction being in the lower third of the œsophagus. Consequently there was regurgitation of nearly everything she attempted to swallow. There was also much difficulty in evacuating the bowels. Her physicians, three of our best old school practitioners, had given up her case, pronouncing it *entirely hopeless*. Their views, as expressed in words, were: 'Mrs. L., you are growing up at both ends, and your recovery is impossible."*

"I found her confined to her bed, very weak and very much emaciated, owing to her inability to take sufficient nourishment. She was suffering from a very weak and empty feeling across the abdomen, with occasional shooting pains in the same region; a sensation of heat extending up the back; great nervous irritability, and other symptoms, which together with her being tall and slim in stature, clearly indicated *Phosphorus*.

"This I gave in the *seventy thousandth* potency, *one dose, dry, upon the tongue.*

"In a week afterwards there was a perceptible amelioration of some of her symptoms. At the end of the second week there was considerably less regurgitation of food, and at the end of the third week she took food reduced to a pulp, with *no* regurgitation. One week later she partook of any food well masticated, with but little difficulty, and her bowels had become regular. Her improvement has continued steadily to the present day, and she has had but the second dose of *Phos.* 70m.

"She has long since resumed her domestic duties, being the mother of several children.

"I find *Phosphorus* more frequently indicated for strictures of the œsophagus than any other remedy."

We believe that in regard to this case any *physician* in whose practice it might have occurred would be well content to say nothing. Only a homœopathician would cite it as evidence concerning *Phosphorus in any potency.*

In the first place no diagnosis is given. It is christened Stricture of the Œsophagus; but whether from spasm or hypertrophy who knows? Certainly not he who has reported it. Yet, upon this very point depends the whole value of the case.

* "Three of our *best* old school practitioners" attesting to a "*growing up at both ends*," gives us a poor opinion of the standard of scholarship in the American Mecca of Medicine, as Philadelphia is proudly called.

If we accept the "views" hinted at in the *quasi* diagnosis of "three of our best old school practitioners," *growing up* might be interpreted to indicate a non-spasmodic condition; but such a degree of hypertrophy as would "scarcely admit the passage of the smallest-sized probang" would not, from any doses of *Phosphorus*, or anything else, retrograde so rapidly as to permit the partaking "of any food well masticated, with but little difficulty," in the time stated. The condition of the patient at the end of four weeks declares the case to have been a spasmodic stricture; and in such an instance the *sacch. alb.* contained in those pellets of *Phos.* 7om has just as much claim to this "cure" as the *Phosphorus* itself.

In the *American Home Review*, vol. ii., pp. 312–24, is a case of spasmodic stricture of the œsophagus, reported by a physician—a physician both *nascitur and fit*—from which the practitioner with whom we are dealing may "learn a thing or two." Among others will be the hint that a physician must study the natural history of disease—a knowledge of which will teach him to leave unrecorded very many of his "cures." You see, an ailing which very often ceases spontaneously, which gives the patient immunity for weeks, months, and even years, is just that "diseased vital force" which will play tricks on a confiding homœopathician.

We can not help placing cases 724 and 726 in the same category. Hundreds of cases of "puerperal convulsions" have ended the same in old school hands, lacking the *Bell.* 41m, and in spite of what was given. But in asking that one and the same man should be at once a therapeutist and a physician perhaps we are demanding too much. Let us remember the reproof given by Bill Sykes to his colonel. Bill was a high private in the Army of the Potomac, and he had been convicted of a most unsoldierly theft. It chanced to fall upon his commanding officer to pronounce the sentence of the court-martial. Now Bill was a first-class fighter, cool, courageous, and on several occasions his personal example had inspired his company to the doing of its grandest deeds. Before announcing the sentence the colonel, much affected, exhorted Bill, citing in detail his numerous heroisms, and ending with—"I have ever

known you, Bill, as a splendid soldier; you are thoroughly disciplined, tough as steel, brave as a lion; how could you do this dirty meanness?"

Bill looked up with an air of injured innocence, and blurted out—"Good —, colonel, do you expect all that *and* the moral virtues for thirteen dollars a month!"

Perhaps we, too, are asking too much.

CARL MÜLLER.

APHASIA.

BY W. S SEARLE, M. D., BROOKLYN, N. Y.

Mrs. Sarah A. Sawyer, colored, æt. 45, has always been a healthy woman, with the exception of occasional attacks of sub-acute rheumatism. Has never been conscious that it affected her heart, but has been subject to shortness of breath and palpitation after violent exertion.

On April 10th, 1872, while sitting in a chair, she suddenly experienced a "curious sensation" in the head, and laid down upon the bed. Dr. St. Clair Smith being near, was at once summoned, and found her in a partially unconscious state, with slight and brief stertor in breathing. She was, however, easily aroused; seemed to know the doctor, and smiled when addressed, but could not speak. The pulse was full and regular. The mouth was a little drawn to the left, while the tongue protruded, turned toward the right. The right arm felt (since described) as if asleep, and was partially paralysed. There was no weakness of the leg nor ptosis. When directed to get up, she did so; walked without difficulty and sat down.

On the following day Dr. Smith discovered that she was aphasic, could only say "yes" and "no," and often shook or nodded her head in reply to questions. Called all the letters of the alphabet "M." She seemed to be in possession of all her mental faculties, with the exception of memory for words and speech.

On the 12th, when asked how she was she replied, "better." Being shown a hat, she named it properly, but called every-

thing else by the same name. When shown a watch and asked if it were a hat, she shook her head, but uniformly called it "hat," if asked to name it. Being corrected, she called it watch once, but could not again repeat the word. Was quite conscious that she used the wrong word, and seemed to make great effort to remember the right one. Could not remember her own name.

As Hammond has described a case of aphasia, which was apparently produced by the long use of Bromide of Potassium in large quantities, Dr. Smith put her upon the use of this remedy in the third attenuation.

April 11th. She has continued to improve up to this date. Has had no fever throughout the illness. Has eaten and slept well. At this date she converses without much difficulty. Occasionally forgetting a word, and finding it difficult to give her age. The tongue still deviates to the right, and the right arm, though under control of the will, is still weak.

The opthalmoscope, at this date first used, detects nothing abnormal in the fundus of the eye.

Nothing unusual can be detected in the sounds and motion of the heart, except that the accent is upon the first instead of the second sound.

She finally recovered, though slowly.

The only remedy used was *Potass. Brom. 3.*

At this date (May 14th) some words are at times forgotten, and the tongue, when protruded carelessly, still turns a little to the side, but she can protrude it straight if her attention is called to it.

REMARKS.—This was without doubt a case of aphasia from embolism of the left middle cerebral artery, and it is probable that we cannot credit the recovery to the remedy used. Of course, when the blood was suddenly shut off from the portion of the brain supplied by this artery, its functions failed, and when the collateral circulation became free by the enlargement of connecting arteries, function returned.

These cases are essentially surgical.

A MODALITY OF JATROPHA CURCAS VERIFIED.

BY S. A. JONES, M. D., ENGLEWOOD, N. J.

Mr. P., æt. 59, has for some time been troubled as follows: On standing he is at once seized with an intense urging to urinate. When he stands, it seems as if a "pressure" set in from the abdomen towards the bladder, centering in its neck.

He is instantly obliged to try and pass water. The urging then becomes very marked and painful. Only a few drops are emitted, after which the urging and pain are increased. The whole urethra feels as if it were eroded, and is most painful in the fossa navicularis. Is somewhat relieved when sitting, and wholly when lying down.

Mr. P. is a pale, anæmic, overworked philosophical instrument maker. Has his shop adjoining his house, consequently little open air and appetizing exercise. Dr. Cooper's *Ferrum phos.* was looming up grandly when the patient added: "Doctor, I noticed one thing curious. I helped my son to wash a wagon, and while I was working in the cold water, all my trouble left me."

Instead of a bottle of *Ferrum phos.*, the first volume of the *N. A. Journal of Homœopathy* was pulled out and the proving of *Jatropha curcas* consulted. "Urging to urinate" is mentioned some thirteen times. The urging continues after micturition. Its pains connected with the bladder proceed from the abdomen to that viscus. In it the fossa navicularis is specified as a locus of "ceaseless irritation." It has the amelioration from putting the hands in cold water; indeed, this feature in the case called my attention to it.

He received powders 1–5, *Jatropha curc. 500*, 6–10 *200*, 11–15, *30*, to take, as numbered, one every two hours; stopping at the first sign of ease. He says he felt the first powder, was wholly relieved after the eleventh, and that he took the twelfth "just to make sure."

The evolution of his trouble was—pressure in abdomen, pain in cervix vesicæ, and in fossa navicularis—from above downwards and forwards, and it is a little curious that he says, "the medicine drove the pain before it." The abdominal pressure ceases first, then the pain in the cervix, last that in the fossa navicularis.

Mr. P. tells me that he remembers an old gentleman, a frequent sufferer from similar attacks, who got relief by holding pieces of ice in his hands. This relief from chilling the hands is in marked contrast with the strangury of *Calc. carb.*, which is brought on by chilling the feet. "Pain in the urinary passages after the feet have become a little wet," says the Materia Medica; but I have found *Calc. carb.* to act most gloriously when the feet have been chilled by standing on the cold flagging of our cities or the damp ground of the country.

American Observer.

EDWIN A. LODGE M. D., DETROIT, MICH., GENERAL EDITOR.

HOMŒOPATHY MISREPRESENTED.

The following appears in the Philadelphia *Medical Times* as a leading editorial:

A Few Words About Homœopathy.—Among the laity, an impression very generally prevails that the objection of the "old school" to homœopathy is mere prejudice, and that we are only prevented by an absurd punctilio from consulting with those who practice it; and such is really the case, unless we know what the doctrines are which we decline to recognize. We do not hesitate to say that the profession should, one and all, be well acquainted with this system of quackery—its apparently strong points, and its really weak ones.

We have no fear that familiarity with the groundwork and the current literature of homœopathy will be a source of danger to any well-educated or honest practitioner of regular medicine. At the present day, after more than thirty years, a profession composed of a large body of men of more than average education, ever in eager search for new light upon the causes of human suffering and the remedies therefor, have utterly failed to find in homœopathy anything to aid them in their battle with disease. Not one man of note in our ranks has come out and announced himself as either in whole or in part a convert to that doctrine. Not one physicist of eminence has ever given in his adhesion to its principles, or recognized it as the offspring of true science. Not one theory or fact, directly or indirectly developed by homœopathy, has worked its way into acceptation either by men of general science or by those devoted to medicine especially.

We cannot consult with homœopaths, because we have no common ground upon which to meet them in the discussion of medical matters. Our code of ethics most justly prohibits us from consultation with all those "whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry." No medical society can be compelled to admit them as members, nor can any legal penalty be enforced against those who decline to recognize and consult

with them (as has recently been attempted in Massachusetts), except under laws so absurd as to work their own abrogation.

Homœopaths themselves—unless they are grievously slandered by report—in desperate cases turn their backs upon their dogmas, abandon their infinitesimal doses, their triturations and potencies, and resort to practice which would be "heroic" if it were not too often reckless and hurtful.

We say, again, that not only honesty but interest would induce us—would compel us—to adopt whatever of truth there was in homœopathy, if it contained such an element. We assert that it cannot stand the test of impartial scientific scrutiny, and that its continued existence is owing to the fact that before its patrons such test can never be applied. It can, however, be done by every member of the profession for himself, so that he may be, instead of an ignorant and bigoted opponent, an intelligent and candid judge of a system of quackery whose semblance of science alone raises it above other forms of charlatanism.

REMARKS ON ABOVE.

We knew of an old gentleman, an allopathic physician, a member of a Congregational church, who denounced homœopathy as a delusion equivalent to Spiritualism, declared that there was only one Divine system of medicine, which was allopathy, and urged that all the adherents to homœopathy be excluded from membership in the church. His proposition met with general ridicule. The more he was laughed at the more urgent was he that homœopaths should be disciplined. His folly and pertinacity finally made his position in the church uncomfortable, and he asked for a letter of commendation that he might go over to a Presbyterian congregation. When admitted to membership with the Presbyterians he told them that he expected to fellowship with every member of the church, "unless there are some homœopaths among you." He found that several of the officers of the church, and a number of the most intelligent members were adherents of the system he desired to ostracise. After waging a relentless but unprofitable war against homœopathy he left the city.

The writer of the above article is not as much deluded as was the old M. D. we have referred to, yet his delusion is of a kindred character.

That allopaths should be acquainted with homœopathy before they attempt to denounce it is only reasonable, but such an examination as the editor of the *Medical Times* proposes

would be about as profitable as the investigation of the Bible by a skeptic who approaches the book for the purpose of strengthening his infidelity.

We never knew an intelligent physician of the old school to examine the claims of homeopathy fairly that was not afterwards convinced of its superiority. It invites "*impartial scientific scrutiny*," and only rejects "*ignorant and bigoted opposition*." E. A. L.

A WORD FOR A DEAD MAN.

"In all historical works John Brown figures as 'the renowned'; a miscreant, an opium-eater, a scheme-catcher, with no capacity to think soundly, puffed in homeopathic books and papers even to this day; called the originator of ideas given better long before by Stahl and by Haller."*

"All historical works" which call Dr. John Brown *the renowned* are strictly correct; and *the renowned* he will remain so long as men award that epithet to the one who dares to think for himself. Hippocrates, Harvey, Pare, Sydenham and Hahnemann won renown in the same way, and not one whit more legitimately than did John Brown. And in this connection we must own that of such well-earned renown as accrues to the name of Constantine Hering, the noblest is that where he gave up that Baumgärtner job in 1821–2. He both could and *did* think for himself; yea, and lived up to his thought, though "persecutions, great want, even hunger," were the penalty.

As this rare old world runs, no man may do this kind of thinking with impunity. It is safe only to follow the time-honored bellweather who leads the flock—and only this is also "respectable."

John Brown is no exception to the rule. He dared to think, and to avow his thoughts; he infringed the bell-weather prerogative, and shocked all the respectabilities of the herd; henceforth he is a "miscreant," and all else that is not sheepishly "respectable."

* *Seven Notes on Hahnemann and his Absurdities.* By C. Hering, M. D. Hahnemannian Monthly, vol. vii., p. 249.

We have read two lives of Dr. John Brown; one written by his son, the other by Dr. Beddoes. The son has not hidden his father'sfailings; and in not sparing them Dr. B. has overlooked the virtues of "poor, despised John Brown." Between the two biographies we can obtain a truthful mean, and in the light of it no just man can call John Brown a "miscreant." That he was an "opium-eater" in the same sense as De Quincey and Coleridge is not true. But, even if it were, John Brown's opium is no worse than John Doe's rum, and Richard Roe's tobacco. It is at worst a human appetite, humanly indulged; if you have it not you owe a psalm to God—and it is simply not yours to curse the unfortunate.

Most men will be *scheme-catchers* when want stares their little ones in the face. In just such circumstances John Brown had *schemes* of a treatise on Gout; of a new edition of his *Elementa;* of a periodical Review of Medical Literature; and just then a bribe was offered him to compound a *nostrum.* This poor "miscreant" rejected it; but "slander" says our Hahnemann did make and sell one—yes, it is so declared by those men who believed that Hahnemann had "no capacity to think soundly."

Having avowed his thought, of course, all who were disturbed thereby must declare that the thinker had "no capacity to think soundly"—a declaration which assures us that the objectors always have this "capacity." Galileo and Columbus are examples of just such a lack of "capacity."

"Puffed in homeopathic books and papers even to this day." Yes, that is the penalty for having discovered a truth; and we are fain to believe that of all imaginable places on this footstool of *shams*, "homeopathic books and papers" are the fittest for *such* puffings. The very kinship of truths must bring them to the same fireside; and if the devil's *hocus-pocus* keeps them asunder here, don't lose heart, they will meet somewhere, sometime, or *after* time. John Brown was "puffed" in this journal* for advocating an "idea" which we challenge Dr. Hering to find in either Stahl or Haller, namely: *that disease is not a separate entity, but a condition.*

* Vol. vii., p. 436.

The occasion of this *puff* was that Dr. Wells had ascribed the honor of first teaching this idea to Hahnemann; and in giving to Brown the honor which is so justly his due we felt that we were doing that which Hahnemann would have quickly done.

This one great truth of Brown's is an all sufficient reply to Dr. Hering's charge of "no capacity to think soundly"; and so long as the knowledge of this truth shall remain with man, it will enroll the name of John Brown among the philosophers of medicine.

In the very paper from which we learn Dr. Hering's opinion of John Brown we find the following: "Like the abominable slanders uttered by the profession against Hohenheim, Hahnemann's great predecessor, which have been kept alive for three hundred years, so is it with those uttered against Hahnemann; they are repeated and repeated until the vulgar finally say, '*There must be some truth in them!*'"

Does it require three centuries for a slander to become "abominable?" If so, poor Brown's memory must suffer for some two hundred years to come. It is, however, peculiar that Hohenheim, or Paracelsus, as he is generally known, and Brown are nearly parallel characters. Both were startling innovators; both given to *bombast;* both at war with "*the* Profession"; and both drank heavily. Indeed, for every sin of Brown's we can find a fellow in Paracelsus; yet the stench of professional "slander" is "abominable" only in the case of the latter.

But Dr. Hering's heart warms toward Paracelsus because he was "Hahnemann's great predecessor." Well, in so far as pertains to the doctrine of "the immateriality of disease," Brown is also *Hahnemann's great predecessor;* and as John Brown contributed a grand stone and an imperishable to the *Organon*, we have that charity for the "vagabond" of the village of Lintlaws which Dr. Hering reserves solely for the "vagabond" of Hohenheim.

Some points in Brown's history liken him to Hahnemann. He, too, was the son of a poor father, who often said, "He would gird his belt the tighter to give his son John a good

education." Do you remember that famishing men *tighten the belt* to assuage the pang of hunger? Then you know what this poor father meant. But he died when the boy was in his fifth year, and the influence of such a father's heart was lost to the son. This boy Brown had an all-retaining memory, and for an education he got in Scotland all that Hahnemann could have had there in like circumstances. So far as Hahnemann was Brown's superior in letters is owing to advantages which Germany could and still can offer to her poor and soul-hungry children. Brown lacked Hahnemann's self-control. He was the fire of straw; Hahnemann the blow-pipe flame. God makes the nature of the creature; training, carefully done, may enable the creature to modify the nature. Look at Brown's surroundings: when a tutor in a gentleman's family he was called to join in a debate with his employer and a dinner-party, all nicely drunk. No disgrace attached to this habit; and a drunken clergyman was not a world's wonder in those days. Indeed, a nobleman's chaplain who couldn't put away two bottles of port and keep in his chair was unqualified for his office. On this count, then, we are trying an act of the 18th century by an *ex post facto* law of the 19th.

Brown also had all of that improvidence which as a rule characterizes genius. He was like Goldsmith, whom we always mention, with a kinder heart-throb, as "poor" Goldsmith. Why have we not this same yearning epithet for Brown? Alas! he was not popular at home. Medical students in Italy wore mourning for him; but at home he had incurred the displeasure of Cullen, and all the respectability of the profession turned its face against him. He was a positive among men, sharp-cornered with individualities that made their mark like a diamond point. Could he have only worn smooth he had made no marks—scratched no one—and then it were well with him. He was also poor, and when a poor man jostles with lusty brain-buffets the jellied inanities of this life, he were better never born, so far as popularity is concerned. Brown also made the great mistake of dying poor, and the virtues that shine through a charity coffin are too, too often discerned by only the eyes of the angels.

Meanwhile the "slanders are repeated and repeated until the vulgar finally say, 'There must be some truth in them!'"

Alas that the vulgar are not always the unlettered, if it requires three hundred years for a slander to stink.

S. A. JONES.

Laugh Cure.

A merry heart doeth good like a medicine."—PROVERBS OF SOLOMON.

ANECDOTES OF RADCLIFFE.—Radcliffe was very fond of his bottle, and when he was once set fairly in with a drinking party, it was a difficult thing to get him away, let a patient's rank or danger be as they would.

A person came one evening to the tavern which Radcliffe frequented, and requested him to come speedily to his wife. Radcliffe promised to attend her as soon as the bottle was out, but no entreaties could prevail with him to go sooner. The husband being a powerful, athletic man, without any ceremony took the doctor upon his back and carried him off, to the no small entertainment of the spectators. When he had set the doctor on his legs, with an apology for his rudeness, Radcliffe exclaimed: "D—— ye, you dog, I'll be revenged of you by curing your wife;" and he was as good as his word.

The lady of Lord Chief Justice Holt being very ill, Radcliffe paid her more attention than was customary with him. This was observed, and it was the more remarkable, as it was well known that the doctor mortally hated Holt; accordingly some of his bottle companions asked him the reason. "Why," said Radcliffe, "I know that Holt wishes the woman dead, and I am determined to keep her alive to plague him."

Dr. Maudy, formerly of Canturbury, related, that in his travels abroad, some eminent physicians, who had been in England, gave him a token to spend, at his return, with Dr. Radcliffe and Dr. Case. They fixed on an evening, and were very merry, when Dr. Radeliffe thus began a health: "Here 's, brother Case, to all the fools, your patients." "I thank you, good brother," replied Case; let me have all the fools, and you are heartily welcome to the rest of the practice."

ELEVEN—TWELVE.—An allopathic hospital physician inquired, during a cholera epidemic, one morning, of the hospital steward: "Well, Mr. So-and-so, how many patients died during the night?" "Eleven!" was the answer. "Didn't I give medicine, last night, to twelve?" the doctor asked. "Yes," answered the steward, "but one absolutely wouldn't take it, and he is living yet!"

SYMPTOMS OF DIAGNOSIS!—A man who was told by a physician that his wife had a cancer, borrowed a book in order to read upon the subject himself; after which he remarked to the physician that he did not think his wife had cancer; "her symptoms were more like those of *diognosis*, and if she had that it would kill her!"

DARWIN AND D'ISRAELI.—D'Israeli rather nonplussed Darwin, recently, when discussing "the essential qualities of the human species," by remarking, "But, you see, Darwin, there are pillows, now, which do not possess any of what you call the essential qualities of the human species, and yet they invariably *come under the head* of rational beings."

UDDER MILK.—A Dutchman says, "I doesn't like de milk I get in Milwaukee. I like de *udder* kind."

THE NEW YORK HOMŒOPATHIC FAIR.

This Fair, which opened on the 13th of April, in aid of the New York Homeopathic Surgical Hospital connected with the college, closed on Saturday, April 27, with a net profit of nearly $40,000. All the articles donated were sold at good prices. Considering the fact that it was the labor of but a few physicians and their friends, residents of New York City, the results are remarkable.

One of the most interesting features of this Fair was the contest between the friends of the favorite doctors for a fine harness to be awarded to the recipient of the highest number of votes. Patrons of the Fair were allowed to deposit as many votes, at a dollar each, as they pleased. The voting for the two weeks was pretty evenly divided between Drs. Helmuth, Allen, Dunham, Dowling and White. The polls were to close at 10 on the last night of the Fair. Intense excitement existed for the half hour preceding the closing of the polls, and it became evident that the backers of the doctor who had the most money would win. Dollars rolled in by the hundred, and in the short space of fifteen minutes nearly 3,000 votes were cast, and Dr. J. W. DOWLING was declared the winner by a majority of 419—of all the votes cast.

This hospital, which is to adjoin the Ophthalmic Hospital and College, will probably be in operation by the 1st of October next. The Ophthalmic Hospital received a donation of $100,000 cash, from Mrs. Keep, recently, which places it entirely out of debt.

CORRESPONDENCE.—Our pharmacy business was well attended to during our absence South, but a large number of letters relating to the *Observer*, etc., were laid over until our return. We will give attention to these as soon as our practice and other engagements will permit, and hope soon to be able to attend to these things as promptly as of old.

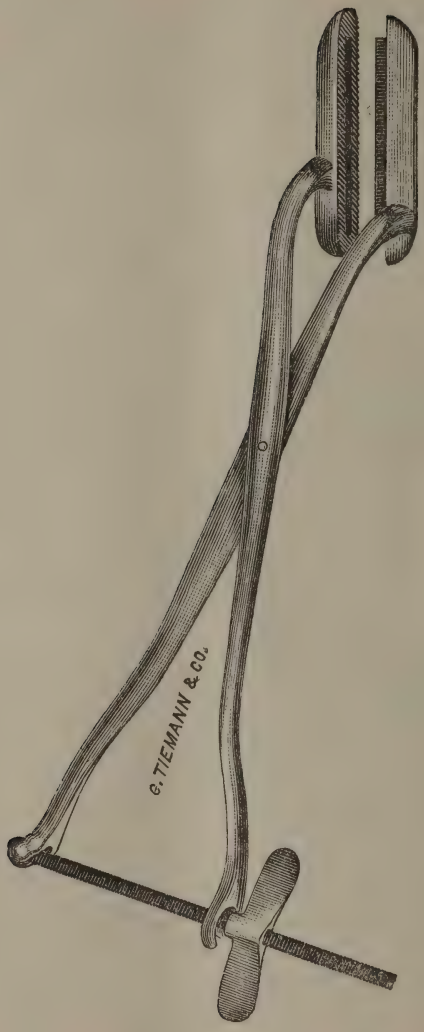
JULY NUMBER.—We have been more tardy in the issue of the *Observer* than we expected. This number is out more promptly, and next number may be looked for by the 1st of July.

AMERICAN INSTITUTE OF HOMŒOPATHY is now in session (May 22d,) at Washington, D. C. We expect to be able to print an account of its proceedings in our next.

REVIEWS AND BOOK NOTICES are necessarily postponed.

REMOVALS.

DUNHAM.—Prof. Carroll Dunham from 68 E. 12th st. to 21 W. 19th st., N.Y.
EVANS.—Dr. C. H. Evans from Chicago, Ill., to Beloit, Wisc.
FULTON.—Dr. S. J. Fulton from Tecumseh, Mich., to Binghamton, N. Y.
GAMBLE.—Dr. W. W. Gamble from Ovid, Mich., to Olcott, Niagara co., N.Y.
HURLBUT.—Dr. E. T. M. Hurlbut from St. Joseph, Mo., to Lincoln, Neb.


G. TIEMANN & CO.

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

RECTILINEAR ECRASEUR.

BY J. C. NOTT, M. D., NEW YORK.

[*Extract from the "Medical Record," Oct. 16th, 1871.*]

The last lecture I heard from M. Nélaton, in Paris, was on the use of the *écraseur linière* of Chassaignac for removal of hæmorrhoidal tumors. He made two fatal objections to it:—1st, in internal hæmorrhoids it is sometimes followed by dangerous hemorrhage; 2d, from the amount of tissue embraced it not unfrequently causes stricture of the anus. These objections I can fully endorse from my own observation.

About twelve months ago I contrived a *rectilinear écraseur*, which I think, properly employed, is free from the above objections, and fulfills all the indications better than any operation yet devised. It is almost entirely free from subsequent pain.

A glance at the cut on opposite page will show that this instrument has two parallel blades coming together like a clamp. One blade has a narrow fenestra running its whole length of about three inches, and the other presents a rough edge (like a fine saw) so constructed as to pass into and fill up the fenestra when the clamp is closed. There is a shoulder projecting on each side of the blades, for the purpose of crushing more perfectly the tissues operated upon, a little beyond the thin edge of the blade.

This instrument does not completely sever the tissues (as does the écraseur of Chassaignac), but crushes them down to a very attenuated pulp. If the hæmorrhoid is within the sphincter, it is safest to tie a ligature in the sulcus made by the écraseur for fear of some secondary hæmorrhage—the tissue is so

compressed that a very small pedicle is left for the ligature, and the vitality of the part being completely destroyed, the *ligature causes no pain*, and the tumor drops off in a day or two. I cut away with scissors the part of the tumor outside of the ligature at the time of the operation.

I removed five internal hæmorrhoids, at one sitting, from a patient, a few days ago, in the presence of Drs. Keyes, Castle, Yale and Dudley, and after the effect of the anæsthetic passed off, the patient never complained of pain. This is a result which is impossible after ligatures. The clamp and actual cautery used by some surgeons give good results, but are much more troublesome.

Where the hæmorrhoids are external, instead of using a ligature I clip them off with scissors as soon as the clamp is removed.

The principal advantages of this instrument are :—

1st. It is easily and rapidly applied, and requires much less time in its action than that of Chassaignac.

2d. It removes in a *right line* the exact amount of tissue desired, and *is not* followed by pain.

This instrument is applicable to the tongue, cervix uteri, penis, tumors on cervix uteri or vagina, the vagina in operations for procidentia uteri, &c.

I should not omit to mention that after I had worked out in my own brain the above instrument and exhibited it to Prof. Isaac E. Taylor, he showed me one he had invented twelve years previously, identical in principle, though differing in shape and some minutiæ of construction; his is curvilinear, mine rectilinear, &c. His instrument, though invented twelve years ago, was never published that I am aware of, has not been exhibited for sale by the instrument makers of New York, and having only within the last four years been a resident of this city, it is not remarkable that I never heard of it until it was shown to me by him. His instrument, I think, was designed particularly for the removal of uterine growths; but although the principle is excellent, I think the size and shape make it inconvenient and inapplicable in most cases where an écraseur can be used.

LARYNGOSCOPY.

Communication from F. Seeger, M. D.

157 E. 56TH ST., NEW YORK, FEB. 12, 1872.

Surgical Editor of the American Observer: My Dear Sir— Your article, "Laryngoscopy," in the February *Observer* interested me very much, not only because of the interest taken by me in this beautiful department of practical diagnosis and therapeusis, but also because of the interesting manner in which it was written.

However, I cannot refrain from giving you a little of my experience in some points. On page 64 you speak of "depressing the tongue with the forefinger, the operator can, by steadying his hand, which is easily accomplished by resting two fingers on the jaw, maintain the instrument in such a position that he can, not only look down into the larynx, but can even see into the trachea." As regards *depressing* the tongue with the forefinger, it seems to me you must have been endeavoring to convey a different meaning from which those words would seem to indicate. Were a novice in the art to undertake an examination in this way, his efforts would be unrewarded. One of the most important objections to depressing the tongue is that when thus depressed the base becomes more or less pushed upwards and backwards, consequently causing it to approximate or even touch the back of the pharynx; at other times the tongue arches upward. The result is that the passage of light into the larynx is obstructed, the tongue is brought into contact with the laryngeal mirror, nausea is excited, and as a consequence of repeated failures, both physician and patient lose confidence, and abandon the efforts. In my own practice, both privately and at the Hahnemann Hospital and North-Eastern Homœopathic Dispensary, I have never yet attempted to examine a case by depressing, without the result being very unsatisfactory. Dr. A. Ruppaner, the able chief of the New York Dispensary for Diseases of the Throat, very concisely describes the proper method of managing the tongue, in his excellent manual: "The head in proper position, let the

patient open the mouth and protrude the tongue as far as possible, then take a towel or soft handkerchief, held in readiness for the purpose, dry the protruded tongue, lay the cloth on it, place the index finger of the left hand over and across it, and the thumb under it, hold and draw it firmly yet gently over the under lip, so as to *depress the* ROOT of it, while the mirror is introduced into the throat." I have taken the liberty of underscoring that portion of Dr. Ruppanier's remarks which relate to the depression of the root of the tongue, for here is the great secret of a thorough and satisfactory laryngeal examination. One of the necessary results of depressing the tongue, as met and seen above is, to push it more or less backwards, and consequently it also pushes the epiglottis back with it. The importance of effecting the greatest possible raising of the epiglottis, is too evident to require further remark at present.

I will not stop to discuss the various forms of mirrors. I have found the various sizes of the round mirrors not only sufficient for all my purposes, but even superior to the square or oval.

As regards the illuminating apparatus, I used a modified Tobold. As modified, you will find a description of the one used by me in Volume I., *Hahnemann Hospital Reports*, a copy of which I send you, with my compliments. There remains much to improve in this apparatus. As you will observe, my apparatus is attached firmly to the table, and can by no motion or sudden starting of the patient, or by any jar, be upset. Again, you will observe, in Tobold's apparatus, and in the one described in the *Hahnemann Hospital Reports*, that there are three screws to be worked each time that the instrument is to be regulated, according to the required point necessitated by the patient's height. I propose to have an instrument constructed for me by Tiemann, which shall be worked by one screw, thus gaining in time and labor, quite an item when one makes many examinations. The reflector I propose to have carefully arranged, and by an appropriate arrangement to have it fastened to the brass cylinder containing the magnifying lenses.

Another point in connection with the laryngeal mirror is that

in mine all are attached to the stalk or handle directly. The difference in expense is trifling, and is more than offset by the gain in time. To take out and screw on a new size of mirror into the handle becomes, to say the least, irksome, and in my opinion does not pay.

You speak of a tongue depressor, for holding the tongue in place during an operation for the removal of an intra-laryngeal growth. I recently had a case of a distinguished lawyer from Indiana, in whom I removed a small tumor at the first sitting. I have not yet had the time to elaborate the case for publication, but I believe it is the first operation of its kind by a homœopathic physician.

I cannot close without expressing the pleasure I feel in observing the awakening professional interest in the beautiful study—laryngoscopy.

REMARKS.

The word "protruded" seems to have been omitted in the article in question.

The idea was not conveyed that the *surgeon* examining the case should hold the tongue depressed, but that the *patient* should, with one fore finger, as will be seen by quoting the sentence previous to the quotation of Dr. Seeger, in conjunction with his, thus: "If the person being operated upon holds his head in the proper attitude and depresses his tongue with one forefinger, the operator can" &c. We did not intend to convey the idea of *pushing back* the tongue, of course, and the word "*protruded*" between the words *his* and *tongue* will give the idea we had in mind at the time of writing the article in question.

The point Dr. S. makes respecting the thorough protrusion of the tongue and the depression of its root is an important one, and the bearing of it any one who uses a laryngoscope will fully appreciate. We are glad to hear of his improved instrument over Tobold's Laryngoscope. Every surgeon has his preference for different kinds of instruments and all his

suggestions we take kindly and trust many more improvements shall yet be made by our homœopathic surgeons in this direction. B. W. J.

BUREAU OF SURGERY

For the American Institute of Homœopathy appointed at Washington, May, 1872.

Bushrod W. James, M. D., Philadelphia.
N. Schneider, M. D., Cleveland.
W. F. Helmuth, M. D., New York.
E. C. Franklin, M. D., St. Louis.
John J. Detwiller, M. D., Easton, Pa.
M. W. Wallens, M. D., Somerville.
James B. Bell, M. D., Augusta.
H. F. Biggar, M. D., Cleveland, O.
J. H. McClelland, M. D., Pittsburg.

It is desirable that the Bureau should make a full and thorough report upon the subjects embraced under its title, in which recent improvements or new views have been brought forth. To this end every member of the bureau is expected to select a subject *now*, and during the year prepare a careful paper thereon for the meeting of the Institute next year, at Cleveland. All other surgeons of our school are specially invited to likewise aid in this object and to note any important or interesting facts that may come under their observation, and report them from time to time to the bureau, through its chairman or by a paper thereon at the meeting. Physicians who meet with unusual and interesting cases in surgery, and who are obliged to attend to them or operate upon such themselves, are also solicited to write them out, with all the peculiarities of the case, and forward the paper to this bureau. All the surgery of the homœopathic school in this country ought to be reported to this section for preservation in the archives of our national body, the American Institute.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

ARANEA DIADEMA.

TRANSLATED BY T. C. FANNING, M. D.

1. Confusion of the head after eating. (a. 1 day) F.
2. Confusion of the head, with relaxation (lassitude). F.
3. In the evening, while studying, confusion of the head and pressing pain, as if upon the bones of the right temple and upper part of the forehead, relieved by supporting the head with the hand, but returning on removing the hand. H.
4. Drawing in the head, extending towards the lower jaw (soon after taking). F.
5. Headache, especially in the forehead, relieved by smoking tobacco (a. 2 hours). F.
6. Continued headache (right after taking). F.
7. Headache, which is ameliorated by smoking, and is entirely relieved by smoking in the open air (in fine Fall weather). F.
8. The headache lasts until evening, is however better after some hours duration, and ceases entirely in the open air. F.
9. Headache and confusion of the head, both removed by smoking, but afterwards returning and lasting nearly the whole day. F.
10. Headache, with *burning* in the eyes and *heat* in the face. The headache is less severe while walking than when sitting, and is relieved without being entirely removed by smoking (right after taking). F.

11. Disagreeable, trembling (glittering) sensation in the eyes, while reading or writing, aggravating the headache and accompanied by heat in the head and eyes (a. two hours). F.
12. Heat in the face, and especially in the eyes (ceases after four hours). F.
13. Burning in the face. F.
14. Pinching pains in the right ear and parotid, which as they ceased here went over to the left (after 2 days, p.m.) H.
15. Sensitive, cold feeling in right lower incisor, especially on inspiring; returned next day at the same hour (a. 16 hours). H.
16. Sticking (stitches) in roof of mouth and larynx, (for 24 hours, F.
17. Nauseous, bitter taste in the mouth, with coated tongue, (a. one hour). F.
18. An unpleasant taste remains after drinking milk. F.
19. Bitter taste, relieved by smoking. F.
20. Bellyache, during a thin, fluid stool, relieved by rubbing the abdomen with the hand. Stool only at intervals, accompanied by straining. Half an hour later, fermentation in the abdomen. H.
21. Coryza for three days. F.
22. Coryza with thirst. F.
23. Fibrillar twitching in muscles of left arm (for 2½ hours, p. m.) H.
24. Early in the morning, in bed, dull, digging pains in the right humerus, radius, ulna and tibia; also at intervals through the day (a. three days), H.
25. Severe, dull, digging, bone-pains in right os calcis, for some days, occurring when the foot is moved after being quiet, but disappearing on continued moving (first day a. 2d dose). H.
26. At times, dull, digging, bone-pains in the extremities. H.
27. (Bone-pains for four weeks; feverish attacks, mostly consisting of coldness; abdominal pains, mostly accompanied with a chill, and generally coming towards evening. Eruptions, pimples here and there.) H.

28 Feeling of heaviness and fulness in lower abdomen, as if a stone laid there, with qualmishness in the scrobicular region. At the same time there is a gnawing in the abdomen, feeling of weight in the legs, so that they can hardly move, and confusion in the head. These symptoms return the next day about the same time, lasting half an hour (after 5 P. M. the second day). H.

29. *Weariness, thirst.* F.

30. Weariness without heaviness in the feet, relaxation. F.

31. Restless sleep with frequent waking, and always with a feeling as if the arms and fore-arms were greatly swollen (apparently as large again as natural). They also seem so heavy that he imagines he cannot raise them (1st day). H.

REMARKS.

[The importance with which Grauvogl's doctrine of the constitutions has invested this remedy, led us to collate four different translations into English of its symptomatology. This revealed several discrepancies. Upon applying to Dr. Fanning, he made a raid upon Dr. Dunham's book-shelves, and, having captured Vol. I. of the *Allg. Hom. Zeitung*, kindly furnished a reliable rendering.

The first proving was made by H., "a military surgeon of Saxony," who gave his symptoms to Dr. Gross. The other symptoms, marked F., were made by a medical student, who made the experiment at the suggestion of Dr. G.

H. put one spider in 100 drops of alcohol, and after six months, decanted the "yellow fluid," of which he took, on retiring, at first one drop, and some days later, ten drops, in rain-water, well shaken. The exigencies of the service exposed him to disturbing influences, so that the subsequent effects were not carefully observed. Symptom 27 is therefore put in brackets, as being questionable.

What preparation F. used is not stated, (though it was in all probability H.'s tincture,) but before breakfast, for several days he took a dose rising from 12 to 33 drops.

Of these two provers it is noticeable that while H. used the smaller quantity, he has furnished the most marked symptoms.

He has revealed the genius of the remedy. Clinical experience has also confirmed his pathogenetic observations.

As Grauvogl's results obtained with *Aranea diadema* are accessible to the English reader, we will cite here some additional cases, supplied by Dr. Fanning, from the *Allg. Hom. Zeit.*, 55, 166:

"Md., nervous, menses regular, a mother, suffers now and then from headache, with great dullness, which unfits her for thinking or doing anything, and is attended with heat in forehead and face, great weariness and loss of strength. This condition continues one day. Previously there is flickering before the eyes and vertigo, which forces her to lie down. *Aranea 6*, two doses. After six years she is still free from headache."

"I had for several days pinching, pressing pains in the upper incisors regularly from 9 A. M. until 7 P. M., then gradually disappearing, except a sensitiveness and cold feeling on drawing in air, which remains. *Nux vomica* was taken without result. Accidentally a great garden spider *(Aranea d.,)* bit me, and from that instant my pains gradually went off. Since then I have often with *Aranea* cured toothache attended with cold feeling in the incisors on inspiring, and a sensation as if the gum or cheek were swollen."

"Md., æt. 50, slender, nervous, suffers frequently from pressing pain in the temples, with vertigo on rising from a recumbent position, and a disagreeable feeling, as if the head and hands were thick and swollen.

"*Berb.* without, *Lact. vir.* and *Nat. mur.*, with little result. On the appearance of a new attack, *Aranea d., 6*, one drop. She soon fell fast asleep and awoke well. After one year still well."

In the *Annals of the British Homœopathic Society*, Vol. 11, p. 207, we find the following case treated by Dr. Chapman:

"A village school-mistress, who had for twenty years been working incessantly, without the rest of the Sabbath, indeed her work was most on that day. She was subject to diarrhœa and great exhaustion, want of appetite, want of sleep, trembling of the limbs, and the divers symptoms denoting extreme nervous exhaustion. After treating her case for a month or two by correspondence, he requested she might be sent to him. She came accordingly, and being asked if she had any symptoms in addition to those already elicited from her, she said there

was one that seemed so ridiculous that she hardly liked to mention it. It was that, for several years she was almost nightly distressed with the sensation as if her hands and arms especially were enormously enlarged. The apprehension that there was actual and immense swelling of the arms caused her often to strike a light, to ascertain whether it was so or not. He gave her *Diadema aranea.* She speedily lost the sensation, and from having her rest day for herself, without work, and with less week-day work, and attention to her diet, better food being furnished for her, her general health was greatly amended,"

According to Dioscorides, "the spider, when softened into a plaster, and applied to the forehead and temples, removes the periodical attacks of tertians. Its web, when topically applied, stops hæmorrhages, and preserves superficial sores from inflammation." *

Noack and Trinks, in their *Klinik*, cite the following old school uses of *Aranea:* "The spider-web served formerly for a sedative and sudorific in pain, spasms (epilepsy), and lung affections, from a nervous cough to phthisis.

Tertian and quartan intermittents.

In more modern times two Sicilian physicians, the brothers Canditon, commended the spider-web for violent palpitation of the heart, which was confirmed by the French physician, Bertrand, who found it useful in palpitation from hypertrophy. Externally it has been employed to arrest parenchymatous hæmorrhages, also for the bite of a mad dog."

In the Allentown edition of *Jahr's Manual* we find this symptom ascribed to *Aranea:* "*Hæmorrhage*, from almost all openings of the body, and *from wounds.*" We know not where this was obtained, but Grauvogl says: "The *Aranea* produces very violent hæmorrhages, especially from the lungs, which fact calls for caution in the use of this great remedy."

In *Jahr's Manual,* London, 1841, said to be translated by Laurie (and in this place only), "*Flow of slimy mucus* from the vagina," is given.

As being obtained from a proving upon a healthy woman, Grauvogl contributes these: "In the ring and little fingers of

* *Paulus Æginetа, Vol. III., p. 49, Sydenham Society.*

both hands a feeling as if they had gone to sleep, and of formication. Periods eight days too early, too strong and too copious. At night, immediately after lying down, sudden, violent pains in the teeth of the whole upper and lower jaws."]

S. A. J.

ONISCUS ARMADILLO.

Millepedes, Common Armadillo, or Pill Millipede.

"The learned and judicious Burserius," as his English translator terms him, writes as follows in his chapter on *Jaundice and Biliary Calculi:*

"The efficacy of millepedes, likewise, in the cure of icterus is considerable, as Willis and Ettmuller affirm. The former of these employs the following formula: *Rec., milleped. viv. n. 50 vel. 60, croci orientalis semidrachmam, nucis moschatæ drachmam unam. His una contusis affund, aqu. chelidon. unc.* iv. *F. expressio, et bibetur.*

But Lange † advises paying attention to the dose; for he assures us that in young patients an hæmoptysis is induced by the salt with which these insects abound.

Do the symptoms in the *Symptomen Codex* ascribed to *O. asellus* belong to *O. armadillo?* The text in Hempel's transation says: "ONIS. AS.—Wood-louse, Milliped." The *O. asellus* is the wood-louse; but the wood-louse is not the Milleped.

Will some one who has access to Stapf's *Archiv.* try and settle this; for if the fragmentary symptoms of the *Symptomen C.* are ascribable to the genuine Millepede, then this observation of Lange's makes a desirable addition to them. S. A. J.

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* The Institutions of the Practice of Medicine. Trans. by William Cullen Brown. Vol. V., p. 556. London, 1806.

† *Miscel. veritat.* fascic. 1, p. 56. While reading this I was reminded of Grauvogl's experience with *Aranea diadema:* "It is a pity that, in other cases, *Aranea diadema* produces very violent hemorrhage, especially from the lungs, which fact calls for caution in the use of this great remedy." Perhaps the *Oniscus armadillo* might also prove to be a *great remedy* for hydrogenoids. It is in class 2d of the Articulata, while the spider is in class 3d. But in my surmise I may be as much astray as the Irishman who joined the 117th Regiment to be near his brother who was in the 116th.

WHICH IS WHICH?

Editor of the Observer—In Dr. Dunham's paper on Silicea, *N. A. Jour. of Hom.*, Feb'y, 1872, he says: "It at once appears on reading the pathogenesis of Silicea that the symptoms, with hardly an exception, are aggravated by cold, and decidedly ameliorated by warmth. * * * The only apparent exception to this statement is found in the aversion to warm food; the prover can tolerate only cold food."

On referring to *Symptomen Codex* we find "* *aversion to meat-soup.* Desires only cold, raw things."

In Lippe's *Improved (?) Text Book* we have, "aversion to warm, cooked food; he desires only cold things. Aversion of the child to the mother's milk."

I have uniformly found Dr. Dunham so "sound," that I am ready to swear by him; but an accidental reference to Gross' *Comparative Materia Medica* has made me falter.

In comparing *Baryta and Silicea* this author says of Silicea:

"Predominantly better *from* warm diet.

"Predominantly worse *from* cold diet."

As Dr. Hering declares this work to be of "the greatest value to show the necessity of a true, sharp *individualization*," I am led to attach more importance to its teachings than I should give them without his endorsement; and in this instance I must say it is incumbent upon him to explain this discrepancy.

Again, in a work like this, which teaches the student to swear by the dot over an i, I am constrained to ask if "*from* eating," and "*after* eating," are equivalents? If the text is translated into Latin a large *post* denotes a plain difference.

I ask these questions earnestly desiring to be rightly informed in this Silicea modulity, and if the big Gross-book is an unreliable guide I have a $10 right to know it.

A BEWILDERED HOMŒOPATH.

P. S.—I don't want any chaff about "primary and secondary symptoms," "alternate effects," for such explanations savor of the showman's "You pays your money, and you takes your choice," which is of no avail in making that inculcated "true, sharp *individualization*."

CAULOPHYLLUM THALICTROIDES.

(Squaw Root.)

ANALOGUES:—*Pulsatilla, Cimicifuga, Viburnum, Asarum, Ruta, Senecio, (Secale,) etc.*

OFFICINAL PREPARATIONS:—Tincture of the root; trituration of the active principle, Caulophyllin.

HEAD.

Swimming in the head, a sort of vertigo, with dimness of sight.
Sensation of fullness of the head, with pressure behind the eyes, and fullness of the temporal arteries.
Dullness of the head, with contracted feeling of the skin of the forehead.
Sensation as if pins stuck in the forehead, with hard headache.
By spells a very severe pain in the temples, as if both temples would be crushed together.
o Rheumatic and neuralgic headaches, dependent upon uterine disorder, or spinal irritation.

EYES.

Dimness of sight.
Pressure behind the eyes; profuse flow of tears.

MOUTH.

Sensation of dryness in the mouth; heat.
Distress in the fauces that causes frequent inclination to swallow.
Teeth all feel sore and elongated.
Tongue coated white.
o Apthæ of the mouth in pregnant and nursing women.

STOMACH.

Heat in the stomach.
Fullness in stomach.
Great thirst.
Distress in stomach and bowels, with drawing in right hypochondrium.
Empty eructations.
Canine hunger, with white-coated tongue.
Frequent gulping up of sour, bitter fluid, with vertigo.
o Spasms of the stomach, cardialgia, spasmodic vomiting, and excessive nausea, attending uterine irritation.
o Dyspepsia, with spasmodic symptoms.

ABDOMEN.

Distension of the abdomen, with tenderness.
Rumbling in the bowels.
Severe colicky pains every few minutes in the umbilicus.
o Spasmodic and flatulent colic.
o Spasmodic action of the muscular tissues of the intestines, from irritation of the motor nerves, or from rheumatism.

STOOL.

Constipation.
Stool every other day.
Watery stool, great quantity, but no pain.
Soft stool, very white.

URINARY ORGANS.

Copious emission of pale or straw-colored urine.
Every few minutes sharp, stinging pain in glans-penis.

RESPIRATORY ORGANS.

Spasmodic affections of the thoracic organs.

BACK.

Dull pain in the lumbar region.
Severe drawing pain in the sterno-cleido mastoid that draws the head to the left side.

UPPER EXTREMITIES.

Elbows and wrists ache.
Constant flying pains in the arms and legs.
Severe drawing pains in the joints of the arms and legs; also in wrists and fingers.
Shutting the hand produces severe cutting pains in the second joints of all the fingers; they are very stiff.
o Inflammatory rheumatism of the joints of the hands.

LOWER EXTREMITIES.

Drawing pains in the thighs, knees and legs.
Very sharp pains in left knee joint.
Ankle and toes of left foot are very painful.
Knees feel very weak when walking.
All his joints crack frequently when walking and turning.
Pain in feet and toes, worse at night.
Pains occur every day.

GENERATIVE ORGANS.

* Sensation as if the uterus was congested, with fullness heaviness, and tension in hypogastric region.
* Spasmodic pains in the uterus, and various portions of the hypogastric region.
o Suppression of the menses, with spasms.
o Dysmenorrhœa.
o Menorrhagia, with threatened abortion.
o *False* pains during pregnancy.
o Prevention of premature labor.
o Deficient labor from rigidity of os uteri.
o Suppressed lochia.
o Retroversion of the uterus, causing paraplegia.
o Drawing in the groins. (Uterine ligaments.)
o Labor-like pains.
o Abortion, with little or no flooding.
o Gonorrhœa (?)
o *Intermittent* uterine contractions. (Secale causes *continuous*.)
Menses too soon. (Three days.)
Relaxation of the os uteri.
Profuse secretion of mucus from the vagina.
Increases the natural pains of labor.
Male.—Stinging pains in glans penis.

CASTANA VESCA

(*Chestnut.*)

ANALOGUES:—*Bromide Potassa (?), Drosera (?), Corrallium (?).*

OFFICINAL PREPARATION:—Tincture of the leaves.

LARYNX AND COUGH.

[I have found in all cases that it would, in from five to ten days, relieve the spasms in *pertussis*, and in about two weeks cure it; the little sufferer would whoop no more, but go on to a speedy recovery, to the great delight of myself and friends.—*Dr. Unzicker.*]

[One-half ounce of the leaves in a quart of water; the infusion was drank by the children. The same curative effects would probably follow the use of the lower dilutions.—*Hale.*]

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD

No. VIII.—DIPHTHERITIC CROUP.

Twelve or fifteen years ago there may have been some doubt or indecision as to the true nature of diphtheria, but now we are pretty well agreed that it is a malignant blood-disease, and also that it may manifest itself in any portion of the mucous membrane, or on any portion of the external integument from which the epidermis has been removed. Diphtheritic croup, then, is the development upon the larynx and trachea of the characteristic membrane of diphtheria. The general opinion is that this membrane reaches the larynx by extension from the trachea, but Dr. Wade of Birmingham, England, asserts that he has never found the laryngeal exudation continuous with the pharyngeal. Dr. Ludlam, of Chicago, holds the opposite doctrine: "The exudation may commence in the larynx or trachea, but is more prone to follow upon that which takes place in the throat and fauces. Sometimes the curtain which envelopes the latter extends through the glottis into the vocal organ, and encroaches upon the trachea, even down to its bifurcation. Such a case would be accompanied by extreme dyspnœa." My own personal experience is, that as a general rule, the disease originates by extension from the pharynx, and that it is a very rare thing to find it originate in the larynx.

Physicians well read in historical medicine know that diphtheria is not by any means a new disease, but an old disease which manifests itself only at somewhat long intervals, and also that all writers on diphtheria make mention of diphtheritic

croup. Aretæus, the Cappadocian, mentions that the disease, styled by him "Egyptian and Syrian Ulcer," sometimes extended to the windpipe, where it proved rapidly fatal by suffocation, and he adds that children under puberty are especially subject to the laryngeal complication.

The Spanish physicians, Herrera, Valla, Real and Fontecha, who wrote in the beginning of the seventeenth century, give in their works most excellent descriptions of the disease which we call diphtheria, styled by them *garrotilla* or *morbus suffocans*, on account of the laryngeal complication. Alaymus, who describes the diphtheritic epidemics of Sicily in the early part of the seventeenth century, speaks of the disease as extending to the larynx, and also of its commencement there. In the year 1753, Mr. Cadwallader Colden, of New York, observed a disease which could only be diphtheria. "It is attended with a moist, putrid heat, the skin being seldom parched. The pulse is usually low, but frequent and irregular. The countenance dejected, with lowness of spirits; no considerable thirst; the tongue much furred, and the furring sometimes extends over the tonsils as far as the eye can reach. At other times, in the mildest kind, the tonsils appear only swelled, with white specks of about a quarter of an inch or half an inch in diameter, which are thrown off from time to time in tough, cream-colored sloughs. Sometimes all the parts near the gullet or throat are much swelled, both inwardly and outwardly, so as to endanger suffocation, and frequently mortify; but most generally the swelling internally is not so much as to make swallowing difficult, Sometimes those swellings imposthumate. The last complaint is commonly of an oppression or strictness in the upper part of the chest, with difficulty of breathing, and a deep, hoarse, hollow cough, ending in a livid, strangled-like countenance, which is soon followed by death."

From the last sentence we are led to conclude that diphtheritic croup was the usual termination of the disease, and the same peculiarity has been observed in other epidemics. The "Suffocative Angina" so well described by Dr. Samuel Bard of New York, in 1771, appears to have been identical with diphtheria, and he remarks that he saw upon several children

in the same family, thick, coriaceous pellicles formed upon the tonsils, and propagated from the pharynx to the trachea. "Three *post mortem* examinations exhibited to him, as a uniform result, white, thick, coriaceous, elastic, layers of concrete matter, which lined the walls of the pharynx. A membraniform tube of the same nature, advanced into the trachea and became progressively thinner in proportion as it descended into the bronchi. The tracheal mucous membrane was slightly inflamed ; that of the pharynx, after the pellicles were removed, was found rather pale." The illustrious Bretonneau, in his second memoir on diphtheria as it appeared in Tours in 1821, points out that, while among the soldiery of the Legion of La Vendée the disease principally affected the gums and mouth, the laryngeal affection was more common among the townspeople. In England and on this continent the laryngeal form of diphtheria has been quite common, and there are few experienced physicians who have not had a sad experience in this disease.

In some epidemics the appearance of the diphtheritic membrane on the larynx and trachea is of common occurrence, while in other epidemics it is very rare. *Why* this is so we cannot tell, but though unexplained, still the fact remains a fact. In low, swampy land, and on the banks of lakes and ponds, laryngeal diphtheria is far more common than on high rolling land. While practicing in Simcoe, Ontario, I found that diphtheritic croup was more apt to appear near Lake Erie than at a distance from it, and that a river or creek had not the same deleterious effect as bodies of standing water. So common was laryngeal diphtheria in some of the Spanish epidemics of the seventeenth century, that on that account it received the name of *morbus strangulatorius* or *garrotilla.* It was very common in the famous epidemic of Tours so well described by Bretonneau. "In comparing together the morbid lesions observed in fifty-five subjects of all ages, who, in the course of two years had fallen victims to epidemic angina, I find that it once happened that the false membrane existed in the trachea without any exudations being found either upon the tonsils or upon any other part of the pharynx. Six or

seven times, that is to say in the proportion of one to nine, the membraniform exudation reached to the extreme ramifications of the bronchi. In a third of the whole number it passed beyond the great division; in all the rest it terminated at different distances from the trachea, so that the mechanical obstacle offered to respiration by the development of the false membrane always appeared to have been the immediate cause of death, A single exception was observed. A child who appeared to die of exhaustion, on the fifteenth day, from malignant angina, without any other symptoms than a continual vomiting, had the pharynx lined with thick pellicle, which did not pass beyond either the commencement of the œsophagus or the entrance of the glottis." *(Bretonneau's First Memmoir, 1821.)* Mr. Thompson of Launceston says, that of 485 cases which came under his observation, the air passages were involved in only fifteen, eleven of them dying within a few hours of the commencement of the croupous breathing. Mr Schofield, of Highgate, near Birmingham, had thirteen fatal cases of diphtheria in his practice, in three of which it assumed the form of croup. Dr. J. F. Meigs, of Philadelphia, lost six patients with diphtheria, and "in all but one the fatal termination was caused by the extension of the exudation to the larynx." Dr. Capron, of Guilford, England, had nine fatal cases of diphtheria, three of them dying croupous. Dr. Heslop, of Birmingham, England, thinks that the disease attacked the larynx in about five per cent. of the cases he had seen in that city. Of 26 fatal cases of diphtheria reported by correspondents of the *British Medical Journal* (1859) nine, including one from bronchitis, died from the laryngeal complication. Mr. Squire remarks that two-thirds of his cases of diphtheria suffered from laryngeal complications, and that the mortality was very high, about 80 per cent. of the croupous cases. This closely corresponds with the statistics of M. Roger, for the Children's Hospital in Paris, in 1859 and 1860, which show a mortality of 77 per cent. for laryngeal diphtheria. Dr. Crichton, of Edinburgh, gives the result of 45 cases of diphtheria observed in his practice. Of these, 25 were males and 20 females; of these nine proved fatal, or 20 per cent. Six of

the deaths were from extension of the diphtheria to the larynx and the remaining three died of asthenia. The average age of the fatal cases was seven years. Dr. Hillier says that "of the cases of diphtheria which have occurred in the Children's Hospital, (London) two-thirds of the cases have suffered from laryngeal complications." The writer has seen nearly eight hundred cases of true diphtheria, besides many hundreds of cases of pseudo-diphtheria—a form of morbid action which may be said to bear the same relation to true diphtheria that cholera morbus does to Asiatic cholera—and the result of his observation is, that laryngeal symptoms have appeared in eighteen per cent. of all the cases of true diphtheria and *never* in all the cases of pseudo-diphtheria. Of those attacked with diphtheritic croup, a very large proportion died—not less than seventy per cent.. and the fatality was largely influenced by the locality.

Diphtheritic Croup appears under two forms, as an idiopathic affection, or as an extension of the disease from the pharynx. When it appears as an idiopathic disease, the local symptoms are commonly preceded for some days by slight fever, with malaise and general disorder of the health. Soon cough comes on, associated with catarrhal symptoms, with considerable difficulty in swallowing, drowsiness and heaviness of the head. The cough is slight at first, but it speedily assumes the loud, clangorous character of the true croupous cough, and at the same time the respiration becomes stridulous. If the throat is examined in the early stages, the fauces, soft palate and tonsils will either be found to be of an universal purplish red, or marked and blotched with the same hue. The redness is succeeded by a thick albuminous lymph, which is more abundant at the base of the arch of the palate than above it, looking as if it had extended from the larynx. The contrary is the case when the larynx is secondarily affected, for then the lymph is more copious at the summit of the arch of the palate. The voice now becomes hoarse, and as the pseudo-membrane forms and thickens, the cough becomes more frequent and more severe. The disease is now strikingly similar to true croup, but with less febrile reaction. As the larynx is more and more

blocked up with the diphtheritic membrane, the respiration is quickened and the dyspnœa finally becomes extreme; the inspiration is whistling and very protracted, the face is pale and anxious, the sufferer vainly seeks for relief from change of posture, and finally death ensues, though, as Dr. Charles West accurately remarks, "without being ushered in by that urgent dyspnœa and those violent efforts to obtain air which attend most cases of cynanche trachealis." The cough is weaker and less frequent as death approaches. In another group of cases the patients are attacked with diphtheritic croup in the course of the ordinary pharyngeal diphtheria. It may either come on suddenly, or the extension may be marked by a little huskiness and weakness of the voice, while the breathing is irregular and imperfect. Soon the well-known cough comes on with extreme dyspnœa, sopor takes place, and death closes the scene often within a few hours of the laryngeal attack. "Occasionally, by great effort on the part of the child or by fortunate treatment, a portion of the pseudo-membrane is expectorated, and for some hours there is apparently great improvement, but it is only in exceptional cases that the plastic formation is not speedily and fully reproduced."—*(Dr. F. Lewis Smith.)*

When a favorable termination is about to take place, improvement may be looked for about the third or fourth day. One of the earliest of the favorable signs is the increased facility of swallowing, and this may take place even when the pharynx and its diphtheritic membrane is apparently unchanged. Next membranous shreds are expectorated, or still more frequently they are swallowed. Sometimes such a mass of them passes into the intestinal canal that the patient is made quite sick, and this is one of the very few instances in which the homœopathic physician is justified in administering a laxative. On examining the stools, large quantities of the characteristic membrane are found, and the patient soon brightens up on being relieved of the offending substance. *Tolle causam.* At the same time important changes take place in the diphtheritic membrane itself. We see these changes in the pharynx, and we infer that similar changes take place in the laryngeal membrane. Dr. D. Francis Condie gives the fol-

lowing excellent account of these changes: "In favorable cases, as the membranous exudation becomes detached its place is quickly supplied by a new formation, and after each separation it becomes in general white, and much thinner. In other cases, the exudation, instead of being separated in fragments, becomes, in part, softened to a pulpy consistence, and is discharged from the mouth, mixed with bloody mucus. This separation and renewal of the pseudo-membranous deposit continue, in most cases, for the space of eight or ten days. When, finally, it ceases to appear, it leaves, most generally, the mucous tissue to which it has been attached perfectly sound throughout its whole extent; of a light red, uniform color, and covered, usually, with a thick yellow mucus, more or less resembling pus. At the same time, the aspect of the child is greatly improved. The features brighten and lose the dull and haggard look which characterizes all serious diphtheria; the tongue becomes moist and clean; the skin warmer, moister and more natural, and slowly, very slowly, the patient regains his former health and strength."

On the other hand, should the case be about to terminate unfavorably, the disease marches on with steady and rapid strides; the respiration becomes more and more stertorous; the cough becomes weaker, and finally is entirely suppressed; the face becomes livid and ghastly; the skin cool and of a dull dusky purplish hue; the child sinks into a partially comotose state, and death often takes place, as Dr. Ludlam remarks, "without a sigh or a groan."

Dr. Thomas Hillier remarks that the laryngeal symptoms set in on the first, second or third day, in a very large proportion of cases, within the first week," and he adds that he has "seen them occur once on the 12th and once on the 19th day of the disease." Dr. J. F. Meigs says: "If it extend into the air passages, very soon after the invasion, it may cause death within a few days. In most of the cases, however, the larynx does not become implicated under five or six days. In one of my cases death occurred on the fourth day, in one on the fifth. in one on the sixth, in two on the seventh, and in one on the eighth." Dr. J. Lewis Smith gloomily and yet accu-

rately remarks that "when the croupy cough, voice, and respiration are observed, he will seldom err who predicts a fatal result within a week, and often death follows in two or three days." My own experience is very similar to that of the distinguished authors just quoted. Much depends on the malignity of the general disease, but when diphtheritic croup is really developed, death usually takes place within a week of the invasion of the laryngeal symptoms. Indeed, it may be said to be a general rule that when death takes place in diphtheria within a week, it is by extension of the disease to the larynx. Very few croupous cases live to see the commencement of the second week, for, when death takes place after the expiration of the first week, it is almost invariably caused by asthenia. It is true that I have seen the disease developed as late as Dr. Hillier has observed, but then it could always be traced to an accidental exposure to cold. T. N.

(To be continued.)

DEATHS FROM DIPHTHERIA.—The Board of Health of Philadelphia report 145 deaths from Diphtheria for 1871; 74 males, 71 females; 6 adults, and 139 children. In 1870 the deaths from Diphtheria were 172.

GASTRO-HYSTEROTOMY.—*(Medical Record.)* This operation has been very rarely performed in the United States, so much so that in many of the thirty-seven commonwealths not one can be found. New York City, with its transfluvial neighbors, and Philadelphia, collectively containing more than two million of inhabitants, present but five cases of the operation, three of which belong to Philadelphia. Of these five, two women and one child perished. Perhaps the oldest operation of gastro-hysterotomy in North America was that which was performed in the Island of Jamaica, in 1769, upon herself, by a slave woman, with success. Dr. Robt. P. Harris, of Philadelphia, *(American Journal of Obstetrics)*, finds that 60 % of the women recovered, or 15 out of 25. The *whole mortality* among the children, owing to the gravity of the delayed cases, amounted to 56 %, or 14 out of 25.

Hygienic Observations.

VENTILATION.—Dr. Henry Howard, Supt. of the Provincial Lunatic Asylum at St. John"s (*Canada Medical Journal*), from repeated experiments on "ventilation," comes to the following conclusions: 1st. That the proper height at which to expel foul air is between seven and ten fee from the floor. 2d. That external air, when admitted above the head inwards and upwards and downwards, causes no sensible draught upon the person. 3d. That this air, when colder than the internal air, falls down towards the floor, and while passing through the heated and foul air, though it becomes in some degree heated, is impregnated but very slightly with impure pure gasses, it, after descending, floating up the impure gasses; in fact, there are two distinct currents, the foul gases and heated air *ascending*, the cold, pure air *descending*. In answer to the question, "How can pure air pass through impure gas and not become impregnated with it?" he states that air is a mechanical mixture and not a chemical compound. He wishes it to be particularly understood that heated air is not foul air, but that heated air and heated carbonic acid and sulphuretted hydrogen gases are lighter than pure cold air, and consequeutly are floated up together, the heated pure air, however, ascending much higher than the heated impure gases.

BEARDS.—The *Independent* states that during the siege of Paris the priests were almost compelled to dispense with the razor, and on the restoration of peace many of them had become so well satisfied with the full beard that they were unwilling to cut it off. Consequently a grave dispute has arisen among the Parisian clergy on the subject of beards. In this debate the German professor Oertel has taken part, and in a long historical article he shows that the custom of shaving is a modern innovation—that none of the patriarchs of the Jewish church nor the early fathers of the Christian church, practiced it; that "Abraham, Isaac and Jacob, Moses and the prophets, wore long beards, which they cultivated with olive oil and ointments, as abundantly appears from the Psalms and other sources;" and that no painter with any knowledge of antiquity would think of representing Christ or the twelve apostles with shaven faces.

If Father Oertel does not say, he might have said that the priests on the continent of Europe wore their beards up to the separation of the

Greek and Latin churches, in the eighth century; when Leo III., to distinguish himself from the Patriarch of Constantinople, shaved his face, and called upon his clergy to imitate his example. Thirty years after, Gregory IV. issued a bull denouncing penalties upon every bearded priest. Three hundred years later the same requirement was laid upon the laity, and even upon royalty itself. No kings shriven unless shaven was the ultimatum of the priests, and Frederic Barbarosa and Henry V. of England were among the monarchs who were compelled by ecclesiastical pressure to seek the services of the barbers.

MILK AS AN ARTICLE OF DIET.—A writer in the *Journal of Applied Chemistry* states that in order to render milk more digestible, its particles should be divided, which can be effected by bread or some other farinaceous article. When cooked with rice and eggs (rice pudding) it forms the type of a proper food; containing nitrogen, phosphates, and starch. Milk, when used as a drink, should be boiled, then diluted with water. The solid matter of milk constitutes a little more than 12½ % of the whole, of which more than one-third is caseine, or the cheese principle, about one-quarter is butter, and the balance sugar and salts. Of these substances, the butter and sugar supply heat to the body, while the caseine contains tissue-making material in a most concentrated form.

THE KITCHEN *(Health Reformer)* should be the lightest, airiest, and sunniest room in the house. Cookery in the dark is abhorrent to all our ideas of cleanliness and purity. It is worth a great sacrifice, in building a house for one's own use, to arrange that the kitchen should be on a level with the ground, or better still, one or two easy steps above it, and should face the south as directly as possible, so that the cheery, lighting, drying, beauteous sunshine should stream into its large windows and doors all day.

ARSENIC EATING.—At an inquest upon the body of Mattie Morton, in Burlington, Vt., the evidence proved conclusively that the girl came to her death by eating arsenic to beautify her complexion. She had been in the habit of eating cloves, pickles, chalk, &c., for the same purpose, and having seen in a newspaper that some ladies in the old country ate arsenic to whiten their skin, she took some of the poison for that purpose, and with fatal results.

HOME is "Heaven's fallen sister." A delightful truth lies shrouded in the designation. A Christian home should be a heaven begun on earth; the happy abode of warm and loving hearts—thinking, working and sorrowing together; all melted down by grace, and uniting together in love. The road to home happiness is over the stepping-stones which lie about the brook of daily discomforts.

Colleges, Societies, etc.

BOGUS MEDICAL COLLEGES.*

HOW MEN ARE LICENSED TO MURDER—PROBABLE PUNISHMENT OF THE DIPLOMA-PEDDLERS.

The licensed vice and incompetency in medical practitioners which the notorious Bowlsby case revealed, last summer, directed attention to various bogus diploma agencies in Philadelphia. Among the institutions which were exposed, were the University of Medicine and Surgery, in South Ninth street, and the American University and the Eclectic Medical College, No. 339 South Seventh street, both in Philadelphia, their heads being respectively Dr. Paine and Dr. John Buchanan. A reporter, assuming the part of a medical student unable to obtain a degree in England, communicated with the agent of Buchanan's College, in Brooklyn, and was told that for $100 he might have a diploma. Further investigation proved that a diploma might be obtained with the greatest facility, and in answer to a question of the reporter, in his assumed character, as to the nature of the examinations required, Dr. J. Dunbar Hylton naively declared: "Oh, they are not very severe. I first ask a few questions about antidotes to the principal poisons, and the other professors don't bore a man to death, as they will do in some other colleges." Becoming desperate at the exposures, Hylton afterward wrote that in view of a contingency which he considered very remote, he "would sell diplomas for A. M., M. D., and H. D., to every saint or rascal in the land who had cash to buy, male or female, and, when they were supplied, to the bears that roam the polar floes, to the birds that cut the liquid air, the fish, the dogs, and every breathing thing on earth."

While these colleges were chartered under the Pennsylvania laws, their faculties and lecturers had no existence except in the type of the elaborate prospectuses. A legislative committee in Philadelphia, recently concluded an investigation

* The New York *Tribune*, February 27th.

into the bogus diploma trade, after having elicited abundant evidence to justify a revocation of the charters of Paine's and Buchanan's colleges. One of the latter's professors testified that he had blank diplomas, and "would sign one quicker than a wink if he could make money by it." Buchanan himself admitted that one of his degrees had been sent to a man in consideration of a gift of $25 to the college; and a physician stated that he had bought a scholarship in Paine's University for $75, although he wrote no medical thesis and passed no examination; an "herb doctor" swore that Buchanan had presented him with a diploma as a "mark of honor." Another "doctor" received a diploma, his only qualification being that he "had been a janitor for seven years in the Baltimore Medical School." Several others testified to the like effect. The testimony given by James McShane is particularly ridiculous. He stated that he worked for Dr. Paine, and "did some work" for the "Eclectic;" he was no graduate, but, in Paine's establishment, he sometimes "ran the dissecting-room," and "acted as teacher;" he was also offered a professorship in the American University, then at Tenth and Chestnut streets, and a "professorship of anatomy" in the "Eclectic;" he had been offered diplomas to sell, and had been asked by Dr. Paine to teach.

A strong feeling of resentment has been aroused in Philadelphia, and there is promise that not only will the charters of the infamous colleges be revoked, but Paine, Hylton and Buchanan seem likely to be punished.

WISCONSIN HOMŒOPATHIC SOCIETY.

The seventh annual meeting convened in Milwaukee on the sixteenth of May, President T. J. Patchen in the chair. At roll-call the following named members were present: T. J. Patchen, H. L. Bradley, C. L. Hart, L. Tabor, E. D. Kanouse. Gilbert Shepard, A. W. Gray, J. S. Douglass and N. A. Gray.

Minutes of last meeting read and approved.

Board of Censors having reported favorably upon the application of the following named gentlemen for membership, they were duly balloted for and elected: G. M. Dixon, M. D., Ripon; C. R. Norton, M. D., Madison; Dr. E. F. Storke, Oak Grove; Dr. A. G. Dye, Sheboygan Falls.

On motion a committee of three: Drs. Douglass, Dixon and Kanouse, were appointed to draft resolutions upon the death of our co-laborer, Dr. G. W. Perrine.

On motion Drs. Martin and Hart were added to the Committee on Code of Ethics.

Dr. Douglass, having been requested by the society, gave a history of the last illness of our late bro. Geo. W. Perrine, M. D.

Dr. Shepard reported a number of cases in practice, together with treatment. The report was received with much interest and drew out a very general discussion.

G. M. Dixon then read a most interesting and instructive paper—subject, varicose ulcers—advised compression, the use of Carbolic acid externally, and the internal administration of Silicea, Hamamelis v. &c. On motion the report was received and placed on file.

It was then moved that when we adjourn we adjourn to meet at 8 o'clock A. M. to-morrow. Carried.

L. Sherman spoke of a favorable experience with the use of Calabar Bean, 3d × dilt. for headache arising from ineigestion,

Dr. Dixon said that while making a proving of Hamamelis v., he had suffered with dull, throbbing pains on top of head.

H. L. Bradley reported case in practice which was discussed freely.

L. Sherman gave something of his experience with Lilium tig. in uterine inflammation.

Drs. Kanouse and Bradley gave a history of a tumor. Its peculiarities were discussed with interest.

On motion the meeting adjourned.

SECOND DAY.

The Censors reported favorably upon the application for membership of E. W. Beebe, M. D., Evansville. Report received, candidate balloted for and elected.

The committee appointed to draft resolutions on the death of Dr. G. W. Perrine reported the following :

WHEREAS, In the inscrutable providence of our Heavenly Father, our highly respected co-laborer, Geo. W. Perrine, M. D., has been called from his earthly to his Heavenly labor ; therefore,

Resolved, That in the death of our esteemed friend and brother we first of all recognize and humbly bow to the supreme will of Him who doeth all things well.

Resolved, That in the death of Dr. Perrine, Homœopathy has lost one of its firmest supporters, the commonwealth an intelligent and useful citizen, the Christian church an exemplary and active member, the bereaved wife a loving husband, and the sons a father whose life in all respects was worthy of imitation.

Resolved, That we offer to the afflictsd family our condolence, and commend them to Him who hath said, " I will be the widow's God and the Father of the fatherless."

Resolved, That a copy of the foregoing be published with the proceedings of this meeting, and also that a copy be sent to the family.

A telegraph, reading as follows, was received from the Illinois State Homœopathic Medical Society, in convention at Chicago :

To the Wisconsin State Homœopathic Association:

The Illinois State Homœopathic Association sends fraternal greetings.
(Signed.) E. McAFFEE, President.

On motion the communication was received and placed on file. The Secretary was instructed to respond by letter as the Illinois State Association had adjourned when the communication was received.

Dr. J.S. Douglass then read a paper on Compound Remedies, which drew out very general debate.

The Committee on Code of Ethics made a report. Report received. Committee requested to make further report at next annual meeting.

Dr. H.L. Bradly read a paper on Erysipelas. Report received and placed on file. The Doctor also reported peculiar cases of Erysipelas that had come within his experience. The paper elicited very general discussion. External treatment spoken of was Iodine tincture, tincture Cantharis, Lemon juice, Oxide of Zinc, Calendula off., &c.

The election of officers for the ensuing year then took place, with the following result:

President—T. J. Patchen, Fon du Lac; Vice President—E. D. Kanouse, Ripon; Secretary—N. A. Gray, Milwaukee; Treasurer—L. Sherman, Milwaukee; Censors—L. E. Ober, La Crosse; H. B. Dale, Oshkosh; G. M. Dixon, Ripon.

Dr C. L. Hart read a paper on Otitius Media, which was received and placed on file. The paper was very interesting and instructive.

On motion it was resolved to hold a semi-annual meeting on the 9th and 10th days of October next.

It was then moved and carried that the next annual meeting shall be held in Milwaukee, on the 15th and 16th days of May, 1873.

On motion a committee of three was appointed to take into consideration the place at which the semi-annual meeting shall be held.

The committee were Drs. Dixon, Beebe, and Shepard.

Delegates to the following associations were elected:

To American Institute of Homœopathy,			L. E. Ober, of La Crosse.
" Minnesota Homœ. Med. Society,			G. Shepard, La Crosse.
" Illinois	"	"	T. J. Patchen, Fon du Lac.
" Michigan	"	"	J. S. Douglass, Milwaukee.
" Iowa	"	"	G. M. Dixon, Ripon.
" Indiana	"	"	H. B. Dale, Oshkosh.
" Ohio	"	"	N. A. Gray, Milwaukee.

On motion the meeting adjourned. N. A. GRAY. Sec'y.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TWENTY-NINTH ANNIVERSARY.

On the evening previous to the meeting of the Institute, Dr. T. S. Verdi and wife gave the members an elegant reception at their hospitable mansion.

The 29th anniversary and the 25th session of the American Institute of Homœopathy was commenced May 21st, in Lincoln Hall, Washington. There were about 200 delegates present. A fair sprinkling of ladies—wives and daughters of the members—also graced the occasion.

The Institute was called to order by the President, Dr. I. T. Talbot, of Boston, who, after the offering of prayer by Rev. Dr. Sunderland, of Washington, introduced Dr. T. S. Verdi as the gentleman upon whom devolved the address of welcome. In keeping with his introduction, Dr. Verdi spoke as follows:

Mr. President and Gentlemen of the American Institute of Homœopathy, Ladies and Gentlemen: I welcome you in the name of the Washington Homeopathic Medical Society; I welcome you in the name of the citizens of the National Capital.

You have left your homes and your occupations, at a great sacrifice of time, money and comfort, to meet here and deliberate upon the means to preserve the health of the community. Your mission is a noble one—one that well becomes your profession, for in the work of love and charity, of sacrifice and labor, the physician is always the foremost.

You are not here like other corporations, to discuss the means to increase your revenues. With a holy sense of duty, with love for your fellow-men, you are here to search within the realms of science and experience for that philosophical truth that should lead you to a successful treatment of disease.

Neither do you come here, bound within the narrow circle of your own conceit, to deny your brothers the attributes of thought, the privilege of selection, liberty of action. Honest in your convictions, catholic in the acceptation of truth, modest in the exposition of your knowledge, you extend the hand of fellowship to all those who labor in the field of progress, without distinctions, without proscriptions.

I, therefore, bid you a hearty welcome. Welcome to Washington! Welcome to the capital of the nation! Welcome to this cradle of freedom. Welcome to this hall, the very name of which reminds us of the geeat man's motto, "With malice toward none, and charity to all."

It becomes a body like this to meet in the capital of this truly great nation, for it was here where the decree was written that shattered the iron chains of slavery. It is here where the god of war reigned supreme for five years to defend the divine right of freedom and to hold the bonds of union which the ambitious and the misguided endeavored to sever. It is here also where science has received the endorsement of the statesman, and where one of its branches, "Homeopathy," received its "exequatur" and "passe-partout."

In 1836 a charter was given to a society of medical men here that made it the arbiter of the medical profession in Washington, and never was there a power more arbitrarily and presumptuously exercised by any body of men before. The holy vocation of the physician, the boundless ocean of medical science, were narrowed down to the smallest compass, by these self-constituted Nestors of medical ethics. No thought was allowed, no progressive idea permitted to develope that had not received the letters-patent of that Bourbonic dynasty.

I call it "dynasty," for while they deny the rights of other men, they claim to be of apostolic origin themselves.

In the pamphlet that that society issued last year, defending the proscription of homeopathic physicians by the late Commissioner of Patents, Dr. Van Aernam, I find the following declaration: "The power of our profession is from apostolic times, in continuous succession, from which all smaller shoots of practitioners are offshoots fostered by ambition or vanity, and continued by obliquity of intellect or sordid self-interest,"

Could ever a Pope claim more in a Papal bull? Did ever a Pope attempt to so far chain the soul and the conscience to his dogma as these demagogues do to the vacuum in their brain?

And think, gentlemen, that this proclamation was issued in the year of our Lord eighteen hundred and seventy-one!

Up to the 20th day of April, 1870, homeopathic physicians, however skillful in the treatment of disease, had no professional rights in Washington that the law could recognize; we were under the ban of those intelligent men, and could not demand even emoluments for the medical services we rendered.

Such an outrage could not, however, be perpetuated long and with impunity in a civilized country like ours. We appealed to Congress, and Congress gave us a counter charter that abolished all such claims.

Our worthy President discountenanced the oligarchy, and the honorable Secretary of the Interior sent the passport to Dr. Van Aernam, and the exit of Van Aernam closed the apostolic succession.

There was an attempt at revival when a homeopathic physician was appointed on the Board of Health by the President, by and with the advice and consent of the Senate, but it only caused a smile among the people, and a row among themselves.

They yielded to the force of power, but with what bitterness they prosecuted those of their own party, who, logical and just, accepted the new order of things as a step forward in the reconciliation of honest men who are laboring for the same good end. The most eminent, distinguished by culture, high-mindedness, and success, they banished from their ranks because in the discharge of their duty as health officers, a trust imposed upon them by an act of Congress, they had to confer with a fellow-laborer, who in his private practice, adopts a system of therapeutics different from their own.

These exiles, however, seem to have thrived under this proscription; their practice has trebled since, which signifies a reprehensible perversity on the part of the people.

But none of these things will trouble you, gentlemen, who carry the wand of freedom in one hand, the flag of progress in the other, and charity in your hearts. So you are welcome!

Dr. Talbot then delivered the opening address. He acknowledged gracefully the courtesy shown to the delegates by Washington, and said that heads of departments had kindly taken them by the hand, showing the growth in importance of the science. Fifteen years ago it was a mere stripling, and a small pamphlet of 80 pages contained the year's proceedings. Now it took volumes for the same purpose. The action of the government has conduced to harmony between homeopathy and its opponents. The present state of the science is flourishing. There are now twenty-one State societies and sixty local ones. The last year has been the most prosperous of all. The ophthalmic and surgical hospitals of New York are in a prosperous condition, the former having received a bequest of $100,000. All over the country the same prosperity is noticeable. California has extended an invitation to the Institute to hold its next session on the Pacific slope. Boston, however, who has banished Baptists and hung Quakers, has acted a drama that disgraced it, in attempting to expel homeopaths from the Massachusetts Medical Society. The matter has gone to trial, but is likely to end in a farce—the allopathic doctors occupying a position, as the speaker said, to be likened to a man who stirs up a hornet's nest, and then unfortunately sits down thereon. The Van Aernum affair was referred to, which was characterized as an attempt to induce the government to give no recognition to homeopathy.

From Germany, the birth-place of the doctrine, the reports are encouraging. In France, Spain, Italy and Switzerland there are national institutions successfully established. Great progress is also being made in England. Homeopathy in Great Britain has suffered a great loss in the death of Prof. Henderson, of Edinburgh. The speaker briefly sketched his life and career. Asia, Africa, Australia and the Hawaiian Islands have all welcomed the new light.

The speaker referred to the removal of the barrier to woman's study and practice of homeopathy as a proper step in the path of liberty and progress. The work of the Institute since its inception was summed up. The greatest advance has been made in materia medica, and it is here that careful research should still be continued. Tributary to this work should be the bureau of clinical medicine. In every State there should be a chartered society to found the political rights of its members. This comes within the scope of the bureau of organization. The speaker concluded by casting the horoscope of the future of the society, which he said was bright and glorious.

THE WORK OF THE SESSION.

Dr. Dake, of Tenn., moved that a committee of three be appointed, to whom shall be referred the President's address; agreed to. Drs. Dake, of Nashville; Sweezy, of Springfield, Mass.; and Ludlam, of Chicago, were appointed as the committee.

The following committees were then appointed by the chair:

On Credentials—Drs. H, M. Smith, of New York; Walter Williamson, of Philadelphia; R. C. Moffatt, of Brooklyn; H. P. Clark, of New Bedford; C. P. Wilson, of Cleveland; R. F. Baker, of Davenport, Iowa; J. L. Brown, of Binghamton, N. Y.

Auditing Committee—Drs. L. E. Ober, of Wis.; C. B. Currier, of Vt.; J. H. McClelland, of Pa.; Wm. E. Freeman, of N. C.; F. Woodruff, of Mich.

Dr. Ludlam, chairman of the Committee on Publication, made a brief report, in which he stated that the annual report of the committee had been destroyed by the Chicago fire, but much of the manuscript had been saved. The report was accepted.

The reports and papers in charge of the bureau of materia medica, pharmacy, and provings were presented by Dr. Carroll Dunham, of New York, in consequence of the absence of the chairman, Dr. C. Wesselhœft, of Bosten. The following are the papers:

A Fragmentary Proving of Actea Racemosa, by A. C. Copperthwait, followed by Dr. T. Bacmeister.

A Clinical Report of Ustilago Madis, obtained by Dr. Bacmeister.

Provings of Ustilago Madis, by students of Hahnemann Medical College of Chicago.

Fragmentary Proving of Podophyllum, by Samuel A. Moore.

Study of Hepar Sulphuris Calcareum, by A. K. Hills, of New York.

Electro-magnetism in relation to Homeopathy, by J. H. P. Frost, M. D., of Pennsylvania.

Resolutions by Dr. Dake, of Nashville.

An Appeal by W. E. Payne, M. D., in behalf of a publication of a complete Materia Medica.

A copy of Resolutions offered by Dr. J. B. Bell, of Augusta, Me., and adopted by the Homeopathic Medical Society of Maine.

Certain admissible generalizations in the study of Materia Medica, by Carroll Dunham, M. D., of New York.

Report on Resolutions concerning Alcoholic beverages, presented by A. S. Ball, M. D., of New York.

Dr. Dake, of Tennessee, offered the following resolution, which was adopted :

Resolved, That the bureau of Materia Medica be instructed to consider and submit, at the next meeting of the Institute, a plan for a more thorough and perfect proving of remedies and notation of symptoms for use under the homeopathic law, such as shall exhibit the comparative value of the various symptoms elicited, as well as their full range in the male and female organisms, observed by all the improved means and tests of modern science.

The paper of Dr. Paine, of Maine, with reference to a more complete materia medica, caused considerable discussion. The paper, together with a series of resolutions adopted by the State Society of Maine, were finally referred to the Bureau of Materia Medica, with instructions to report this session.

Dr. Dunham stated that the Bureau of Materia Medica, in its report upon the resolutions of Dr. Ball, of New York, with reference to the use of alcoholic beverages in medical practice, considers any action on the subject inadvisable, since the tone of the resolutions is objectionable. The committee think the appeal necessary to rectify the abuse of the prescribing of alcohol, must be made in a different manner, and therefore offer the following substitute :

"In view of the great prevalence of intemperance in the use of alcohol, and of its disastrous effects upon the individual and the community, the American Institute of Homeopathy declares that no medical practitioner should prescribe alcohol without a grave sense of responsibility ; that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess or for the continuance of its use when the occasion which induced the prescription shall have passed."

A lively debate ensued, there being a pressure in favor of the original resolution, which was much more stringent in its terms, denying that alcohol generated caloric for the sustenance of the system, and classing it among the poisons.

A resolution was made by Dr. Woodruff for its restitution.

Dr. Dunham stated that the objections of the bureau to the resolution of Dr. Ball were that in it was attempted to be decided important physiological questions, which the most learned physiologist of the world, Dr. Richardson, of London, has declared are not understood in the least ; and, furthermore, that the objection to alcohol was too sweeping, as it was undoubtedly in some instances a powerful agent for good.

Dr. Ludlam, of Chicago, said he favored the resolution offered by the committee, since it did not commit the Institute upon important and undecided matters.

On vote, the motion of Dr. Woodruff was lost.

The resolution offered by the committee was then adopted.

The paper on *Hepar Sulphuris Calcareum* contained an interesting analysis of the hepar disease.

Dr. Martin, of Philadelphia, wished to know whether the paper was produced by a young man or an experienced man.

Dr. Ludlam, of Chicago, wished to know the same thing.

Dr. Dunham said, in the language of Pitt, he believed the author was guilty of the crime of youth, but thought the paper should be considered on its merits alone.

Dr. Beckwith moved that so much of the paper as had been read be referred to the Bureau of Materia Medica for publication. Agreed to.

The paper of Dr. Frost, of Danville, Pa., on the relation of Animal-magnetism to Homeopathy, was laid upon the table.

The report of the Bureau of *Materia Medica* here closed ; and following came the report, by Dr. Cate, of the Bureau of

CLINICAL MEDICINE,

under the following heads :

Typhoid Fever, by Dr. Cate.
Meningitis Cerebro Spinalis, by Dr. Lilienthal.
Ulceration of the Stomach, by Dr. O. K. Hills.
Puerperal Mania, by Dr. J. C. Burgher.
A Clinical Report, by Dr. A. Berghaus.
Treatment of Strangulated Hernia, by Dr. S. H. Worcester.
Puerperal Convulsions, by Dr. O. P. Baer.
Radical Cure for Colic, by Dr. D. Thayer.
Resolutions, by Dr. J. P. Dake.
A Clinical Case, by Dr. Wm. Gallupe.

Upon motion, the report by the bureau was referred to the Committee on Publication, after which a discussion, that became rather general, was entered into upon the subject of bilious colic.

The convention adjourned until 10 A. M., to-day.

The members of the Institute yesterday morning called upon the President. At 9:45 o'clock they assembled, with

their ladies, in the parlors of the Arlington Hotel, and then, under the leadership of Dr. Verdi, proceeded to the White House. They were conducted into the East Room, and shortly after they had arrived they were

RECEIVED BY THE PRESIDENT.

Dr. Verdi introduced Dr. Talbot, President of the Institute, to the President, whom Dr. Talbot addressed as follows:

MR. PRESIDENT:—We have assembled in this city from the different parts of the Union, and we pay our respects to you as members of the American Institute of Homeopathy. We represent a large class in the medical profession and in the community, who deem the practice of medicine in accordance with the homeopathic law a great advance in the healing art. We have a small but steadily-increasing number, and under your administration we have received the first recognition of our equal professional rights. For these and many other acts of courtesy and justice, we, alike as physicians and citizens, tender to you our heartfelt thanks.

The President replied:

I thank you, gentlemen, for your kindness. Of course, I know nothing of the theories of medicine, but I believe that we can learn in the future, and improve upon what we have known in the past. Again I thank you.

The delegates and their ladies then had an opportunity to shake hands with the President, after which they were at liberty to stroll through the white house and grounds.

AT LINCOLN HALL.

The convention assembled at 11 o'clock, President Talbot presiding.

The regular order of business was suspended in order to hear the report of the Committee on International Congress.

Dr. Dunham presented the paper, which argued that it was of the highest importance to have the various homœopathic societies of the world come together in one grand gathering.

The committee recommended Philadelphia as the place for the convention, and the Centennial celebration in 1876 as the time.

Attached to the report were some resolutions expressive of the idea, and providing for committees to carry it out to practical results. The report was accepted and the resolutions adopted.

The report of the

BOARD OF CENSORS

was the next business in order. A large number of physicians in good standing, under guarantee, were duly elected. Among the number were the following ladies:

Laura Morgan, Bridgeport, Conn.,
Josephine S. Smith, New York,
Mary H. Everett, New York.
Emma Scott, Brooklyn,
Alice De Bann, Providence, R. I.,
Mary G. Baker, Worcester, Mass.

The following telegram was read by the Chair :

CHICAGO, May 22.

President American Institute of Homeopathy :

Fraternal greeting from the West—Homeopathy—Scientific Medicine—Excelsior.

T. C. DUNCAN,
Secretary Illinois Medical Association.

The reports and papers of the Bureau of

CLINICAL MEDICINE

were resumed.

The first paper read by Dr. Cate, of Salem, was one on *Meningitis cerebro spinalis*, by Dr. Lilienthal. Referred to the Committee on Publication.

The discussion on this paper turned on the relation of small pox to spotted fever, Dr. Martin, of Philadelphia, claiming that the late small-pox epidemic in Philadelphia presented many cases as *Meningitis cerebro-spinalis*, which were cases of small-pox.

STATISTICS.

Dr. E. M. Kellogg, of New York, then read a very important paper on "Statistics," being a compilation of the death returns in New York during the years of 1870 and 1871. Hospital, still-born, and coroners' cases were excluded, and private practice was the field in which the Doctor gleaned his information.

It was shown by the Doctor that the ratio of practice by homeopaths was fully as great as that of allopaths. He did not deny that a great deal of homeopathic practice was among the best classes of society.

The following facts and figures are interesting :

Deaths in the two years, 39,634; in allopathic hands, 30,395 ; in homeopathic hands, 2,530 ; miscellaneous practitioners, 6,709.

Further inquiry determined these facts : 984 allopathic physicians lost 30,395 ; 156 homeopathic physicians lost 2,530; averaging 30.89 deaths to every allopath, and 16.22 deaths to every homeopath practicing in New York city during the last two years, making the homeopathic mortality only 53 per cent. of the mortality under allopathic treatment.

The paper was accepted, with the thanks of the convention.

Dr. Bushrod W. James, of Philadelphia, read a paper on

THE PROPAGATION OF COW-POX VIRUS.

He claimed that in kine the vaccine matter originated spontaneously.

Dr. Beckwith, of Ohio, violently opposed the views of the paper, and stated that the virus did not originate in the cows, but must have been transmitted to them.

Dr. Hillier, of California, spoke on the subject of vaccina-

tion and said he would vaccinate no more. He called vaccination a "monster," and spoke of its deplorable results.

The paper of Dr. James was laid on the table, for the present.

The following resolution was offered by Dr. J. P. Dake, of Nashville, Tennessee, and adopted.

THE WEATHER REPORTS.

Resolved, That while in common with all scientific bodies interested in the gathering and diffusion of knowledge useful to mankind, we heartily express our thanks to Congress for devising, and the signal service of the army for carrying into execution, the simultaneous observance of certain atmospheric conditions and changes in different parts of our country, as a basis for a rational philosophy of the weather, and a successful mode of predicting storms for the protection of commerce and agriculture : we do most earnestly desire and ask for an extension of the scope and means of observation so as to note also the electrical state of the atmosphere, together with the prevalence of epidemics and contagions in various places and at different times, that we may the better understand their causes and anticipate their dreaded coming.

The Bureau of

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN

presented the following papers :

"Uræmia, Eclampsia, and Catalepsy," by O. B. Gause, Philadelphia.
"Auxiliary Treatment of Uterine Hemorrhage," by J. H. Woodbury, Boston.
"A Case of Puerperal Convulsions," by R. B. Rush, Salem, Ohio.
"Corroding Ulcer of the Womb," S. S. Lungren, Toledo, Ohio.
"Uterine and Ovarian Tumors," A. B. Smith, Geneva, N. Y.
"Puerperal Convulsions," by O. P. Baer, Richmond, Ind.
"Puerperal Mania," J. C. Burgher, Pittsburg, (read by title and referred).
"Inversion of the Uterus," A. R. Thomas, Philadelphia.

The reading of the papers was deferred until the evening session, and the convention adjourned.

EVENING SESSION.

The convention reassembled at 8 o'clock, Dr. Talbot in the chair.

Dr. Ludlam, chairman of the Bureau of Obstetrics, presented the papers of that bureau.

The President announced the following Committee of Arrangements on the World's Homeopathic Convention :

Maine, William E. Payne ; New Hampshire, J. H. Gallinger; Vermont, G. N. Brigham ; Massachusetts, I. T. Talbot; Rhode Island, J. C. Budlong ; Connecticut, G. H. Wilson ; New York, Carroll Dunham ; New Jersey, J. J. Youlin; Pennsylvania, J. C. Burgher ; Delaware, A. Negendank; Maryland, F. R. McManns ; District of Columbia, T. S. Verdi ; Virginia, J. V. Hobson ; North Carolina, W. E. Freeman ; Georgia, F. H. Ormes ; Louisiana, W. H. Holcombe; Arkansas, A. Walker; Tennessee, J. P. Dake; Kentucky, W. H. Hunt; Missouri, T. G. Comstock ;

Ohio, S. R. Beckwith; Indiana, O. P. Baer; Illinois, R. Ludlam; Michigan, F. Woodruff; Wisconsin, L. E. Ober; Iowa, G. N. Seidlitz; Minnesota, J. F. Alley; Nebraska, W. H. H. Sisson; Kansas, S. K. Huson; California, G. W. Barnes; Nevada, E. A. Wild.

Also, the following additional members from Philadelphia:

C. Hering, B. W. James, R. J. McClatchey, W. M. Williamson, H. N. Guernsey, Pemberton Dudley, F. E. Boericke.

THIRD DAY.

An amendment to the by-laws was adopted to the effect that each bureau shall report upon one specific subject at each meeting.

THE BUREAU OF SURGERY

presented the following papers, through Dr. B. W. James, of Philadelphia:

Lithotomy, by Dr. J. D. Detwiler.
Syphilis, by S. R. Beckwith.
Tumor of the Ethmoid Bone, by Dr. N. Schneider.
Strangulated Hernia, by Dr. Schneider.
Ovariotomy, by Dr. Schneider.
Clinical Surgery, by Malcolm Macfarlan, of Philadelphia.
Cancer, by G. M. Pease, of Boston.
Surgical Improvements, by B. W. James.
Surgical Report of Hahnemann Hospital, New York, by F. Seeger.

A report was received, through Dr. John F. Gray, of New York, from the

COMMITTEE ON LEGISLATION.

He reported that the new medical bill had passed the Legislature in New York, and had been signed by the Governor. This bill provides for a New York University, with a Homeopathic department.

A resolution directing the officers of the Institute to telegraph to the Governor of New York the satisfaction felt by the Institute at the passage of the bill was passed.

THE BOARD OF CENSORS.

made a final report, in which additional names, under guarantee, were presented for membership. The report was accepted, and the members proposed declared elected.

Dr. Thomas, of Philadelphia, informed the Institute that the Surgeon-General of the United States army had signified his desire to increase the

NATIONAL MEDICAL LIBRARY

by the addition of all American Homeopathic publications.

The following resolution was passed:

Resolved, That the members of this Institute are ready to co-operate in the accomplishment of the above object, and are willing to contribute works, pamphlets, &c., toward that end.

A report was received from Dr. Kellogg, of New York, the

TREASURER OF THE INSTITUTE.

Last year the receipts were $2,928. and the expenditures $3,151 65, making a deficit of $223 65.

Dr. Ober, of the Auditing Committee, reported that it had examined the Treasurer's papers, and found them correct. Both reports were accepted.

The only paper presented by the Bureau of Anatomy, Physiology, and Hygiene, was one on Reason, Instinct, and Vitality, by Dr. J. D. Buck, of Cincinnati, which was referred to the Committee on Publication.

A paper on Electro-magnetism in relation to Homeopathy, by Dr. J. H. P. Frost, of Danville, Pa., was presented from the Bureau of

PSYCHOLOGICAL MEDICINE.

The paper was referred to the Committee on Publication.

OPHTHALMOLOGY, OTOLOGY, ODONTOLOGY.

Dr. T. P. Wilson, of the Bureau of Ophthalmology, Otology, and Odontology, presented the following papers :

Ophthalmology, by Dr. T. F. Allen, of New York.

Otology, by Dr. A. W. Woodward, of Chicago.

General Observations on Ophthalmology, and report of cases treated at the Ophthalmic Department of the Cleveland Homeopathic Hospital College, by Dr. T. P. Wilson, of Cleveland, Ohio.

Pain, deafness, and *tinnitus aurium*, considered as Symptoms of Diseases of the Ear, by Dr. T. P. Wilson.

Dr. James' paper on "Cow-pox," held over from the day before, was referred to the Committee on Publication.

On motion of Dr. Smith, of New York, the special order of business at 9 o'clock this morning was made the consideration of the constitution and by-laws.

The report of the Bureau of Organization, Registration, and Statistics was submitted and accepted.

A report from the Bureau of Homeopathic Colleges was presented by Dr. Woodruff, of Michigan, and accepted; after which the convention adjourned.

FOURTH AND LAST DAY'S SESSION.

The Institute resumed its session this morning.

The first business taken up was the receipt of a report of the Bureau of Organization, Registration, and Statistics. The convention then directed the bureau to prepare a new constitution and by-laws, which shall embody the resolutions that have been offered during the proceedings of the convention, for its future government.

Dr. Vincent, of New York, then offered the following, which was adopted :

Resolved, That a copy of the resolutions offered by Dr. Dake, relative to the signal service, be forwarded, under the sign and seal of this society, to the Chairman of the House of Representatives and the President of the Senate.

Several other resolutions were adopted, looking to the general interests of the cause of homeopathy, but in nearly every case their want of utility caused them to be voted down.

THE NEXT MEETING TO BE HELD AT CLEVELAND.

Considerable discussion then arose over the next proper place for the meeting of the Institute. Some advocated the claims of California, while the majority seemed in favor of taking advantage of the facilities offered by Cleveland, Ohio. It was finally agreed to meet at the latter place, and the time was appointed as Tuesday, June 3d, 1873.

Dr. Schneider was then appointed as a Committee on Railroads, his duties to be the securing of reduced fares for the members of the convention to and from Cleveland.

Dr. Beckwith—When we do get there, I hope that we will have but one banquet given us by the physicians.

The report of the Necrologist was then called for, but a statement was made by one of the members that Dr. Samuel B. Bowers, the chairman of the bureau, was so ill that he had not been able to touch pen to paper for several months.

The special committee to whom had been referred the President's address, then reported that there were many points therein that were of such vital importance to the cause of homeopathy, that they should be preserved among the archives of the Institute. Adopted.

The next business in order being the

ELECTION OF OFFICERS

for the ensuing year, Drs. Small, of Chicago, and Verdi, of Washington, were placed in nomination for President, with the following result: Small, 52; Verdi, 15. The election of Dr. Small was then made unanimous.

Dr. J. C. Burgher, of Pittsburgh, was then elected to the office of Vice President.

R. J. McClatchey, of Philadelphia, General Secretary.

B. W. James, of Philadelphia, Provisional Secretary.

Dr. E. M. Kellogg, Treasurer.

The following were then nominated as a Board of Censors: Drs. McManus, R. B. Rush, Walter Williamson, N. Schneider, J. P. Dake, S. S. Guy, L. E. Ober, R. C. Moffatt, E. C. Beckwith,

and R. F. Baker, and from these were made the following selections: Drs. F. R. McManus, S. S. Guy, Walter Williamson, R. B. Rush, and N. Schneider.

RESOLUTIONS OF THANKS.

Dr. McClatchey, of Philadelphia, then offered the following, which was adopted:

Resolved, That the thanks of the Institute be tendered to the newspaper press of Washington for their faithful reports of our proceedings, and to the committee of arrangements for the cordial reception tendered the members of the convention.

A resolution of thanks was then tendered to Dr. and Mrs. Verdi for the generous manner in which they had been received; also, one of thanks to President Grant for similar notice; also, one to the Congressional librarian for his kindness in extending to the members of the convention the use of the library; adopted.

The members of the various bureaus were then appointed for the ensuing year.

The Chair then called attention to a standing resolution to the effect that all papers having any bearing upon the business of the convention be handed to the Secretary within thirty days after the adjournment.

On motion of Dr. Beckwith, the convention then, at 12 M., adjourned.

Book Notices, etc.

The Physiological and Therapeutical action of the Bromide of Potassium and Bromide of Ammonium. In two parts. By Edward H. Clarke, M. D., and Robert Amory, M. D. Boston: James Campbell. 1872. 12mo, 178 pp. Cloth, $1 50.

The first part of this valuable monograph, by Dr. Edward H. Clarke, contains an account of Bromide of Potassium; Antagonism of Bromide of Potassium and Strychnia; Bromide of Ammonium; Bromide of Lithium; Bromide of Sodium. Part II., by Dr. Robert Amory, is devoted to the Physiological action of the Bromides of Potassium and Ammonium.

On the fly-leaf we notice a quotation from the "Present State of Therapeutics," by James Rogers, M. D., as follows:

"Even at the present day our Materia Medica is in a state of chaotic confusion; and its history is merely a summary of the fruitless efforts of

thousands of gifted men, searching as it were in the dark for the curative power of drugs."

And in his introduction Dr. Clarke says:

"The therapeutical value of the Bromide of Potassium rests solely upon clinical observation. The only safe guide to its administration as a therapeutic agent, however, is to be found in a correct knowledge of its physiological action. Hence the importance of studying and comprehending the latter before endeavoring to ascertain the former."

These contributions are a valuable accession to medical literature, and we trust that the talented authors will ere long discover that the way out of the chaos of allopathic materia medica has been pointed out by Hahnemann and his co-laborers—properly conducted provings of all drugs upon healthy persons. Only such experiments will give a true way to their use in disease. In ignorance of the homœopathic principle, and without proper provings, the course pursued is like a voyage without chart or compass.

Homœopathic Domestic Physician: Containing the Treatment of Diseases; Popular Explanations of Physiology, Hygiene, Hydropathy, Anatomy, and Surgery, with illustrations and an abridged Materia Medica, and full explanations as to the use of the New Remedies; by J. H. Pulte, M. D. Cincinnati: Smith & Worthington. 1872.

The fact that fifty thousand copies of the previous editions of this work have been sold in the United States, and an equal number of a London reprint, is strong evidence that the author's labors have been appreciated. Dr. P. says:

"The author has reason to believe that the improvements made throughout the present edition will be found very serviceable in the treatment of disease; he has added articles on diseases not noticed in former editions, such as Trichinæ, Relapsing Fever, etc.; he has also introduced throughout the work, wherever applicable, the use of the so-called New Remedies. This new feature alone enhances the usefulness of the present edition immeasurably beyond what former editions have accomplished."

The list of remedies has been revised, some of the old omitted, and a few of the new introduced. For a complete acount of the New Remedies, up to date, we await the third edition of Hale's work, now in press.

NEW REMEDIES MISREPRESENTED.

In the June number of the *Investigator*, the editor, after a compliment on the appearance of the *Observer*, says: "*Hale has another attack of New Remedy fever. In this edition he goes to the other extreme, and promises us New Remedies boiled down, bnt without a single reference. No one can tell where the symptoms come from. 'Are they trustworthy?' will be the chief inquiry.*"

We beg leave to state that there are three distinct misrepresentations in the above statement.

(1.) The New Remedies are not "boiled down," for many new symptoms are given, and none worthy of note omitted.

(2.) *Many references* are given; all that are necessary.

(3.) Any well-read physician will find no trouble in telling "where the symptoms come from."

As to their "trustworthiness," nothing that the editor of the *Investigator* can say will detract from their reliability. When the first editions were issued, just such fault-finders sneered at the symptoms and clinical indications given therein, but all our best physicians have verified them, and even their vilifiers publish cases illustrating their efficacy.

Is it not strange that these men, who affect to sneer at new remedies, and doubt the value of their symptoms, do not hesitate to accept Houatt's pathogeneses, which are open to grave suspicions?

Some few years ago a Cleveland professor read a tirade against Hale's New Remedies, before the Ohio State Society, on its first day's session. The next day he read a paper full of clinical cases, relating brilliant cures, nearly all from using new remedies according to Hale's particular indications. Many numbers of the *Investigator* publish notable cures with new remedies.

"*O, consistency, thou art a jewel.*"

*

Personal Notices, etc.

THE WHITE SULPHUR AND TAR SPRINGS of Cloverport, Ky., are now under the medical charge of Drs. J. G. Hunt and A. Bishop. We have been well acquainted with Dr. Hunt since 1848, when we were classmates at Cincinnati, and believe that he has good qualifications for the superintendence of a sanitarium. He has taken Dr. A. Bishop as an associate, who is doubtless well fitted for the position. Their advertisement appears on our cover, but no direction is given as to the routes to Cloverport. This omission should be supplied.

REMOVALS.

MORGAN.—Dr. A. L. Morgan, from Hartland, Vt., to Summerville, Mass.
HUNT.—Dr. J. G. Hunt, from Cincinnati, Ohio, to Cloverport, Ky.
WRIGHT.—Dr. W. S. Wright, from Lewiston to Skowhegan, Maine.
BISHOP.—Dr. A. Bishop, from Ithaca, N. Y., to Cloverport, Ky.
STURTEVANT.—Dr. M. C. Sturtevant, from Emerald Grove, Wis., to Morris, Ill.
TILLINGHAST.—Dr. J. B. Tillinghast, from West Greenwich to Summit, R. I.
REED.—Dr. Jacob Reed, Jr., from Girard ave. to 809 N. Broad st., Phila

NECROLOGICAL.

COE.—We regret to hear of the demise of Dr. M. D. Coe, of Beloit, Wis.

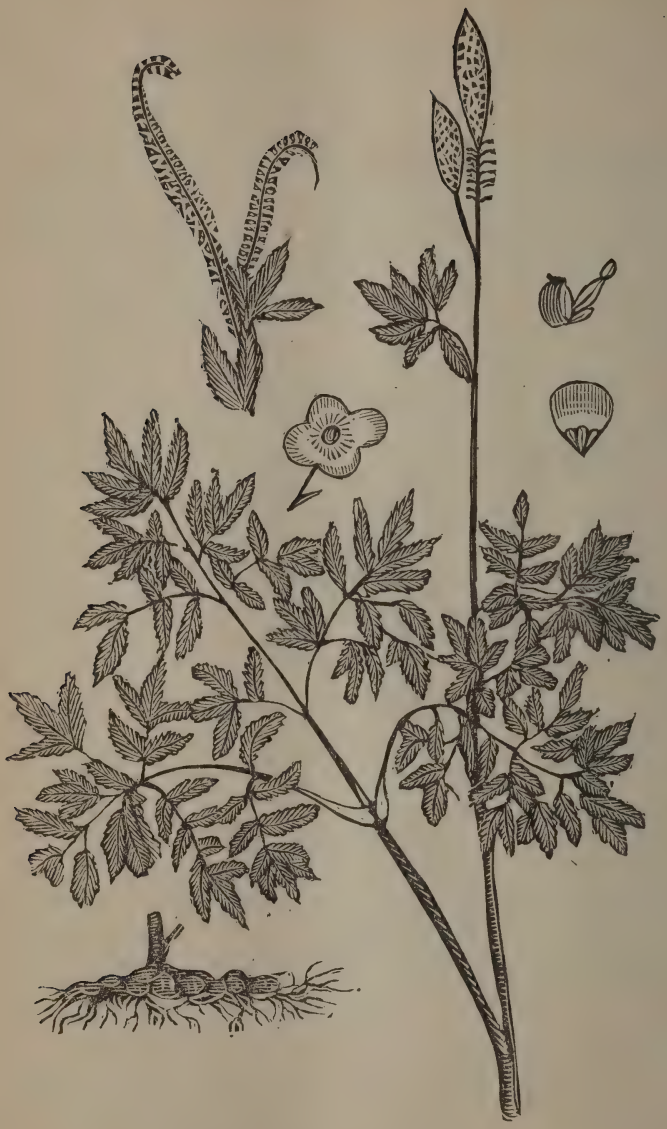
NOTICES, ETC.

TEXAS.—Our hastily written article, "*A Trip to Texas for Health*," which appeared in May number, has attracted attention, and a number of enquiries are made, which we propose answering in our next issue.

NEW REMEDIES, *Third Edition.*—In reply to enquiries after this work, now in press, we will state that it is in type as far as letter "C," and that it will take several months to complete.

FRANKLIN'S SURGERY.—Part I of 2d vol. is issued and will be noticed.

OUR SUBSCRIBERS *who have not yet remitted their subscription will be kind enough to send it on receipt of this number. If your post office does not issue money orders, then send in registered letter. The cost of registering, or of money order, may be deducted from the subscription of $2 50.*



CIMICIFUGA RACEMOSA.

(Black Snake-Root.)

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

CIMICIFUGA RACEMOSA.

(Black Snake Root.)

ANALOGUES:—*Caulophyllum, Colchicum, Digitalis, Stillingia, Glonoine, etc.*

OFFICINAL PREPARATIONS:—Tincture of the root; dilutions; triturations of Cimicifugin.—*(Macrotin.)*

MENTAL SPHERE.

Miserable, dejected feeling; mind dull and heavy.
Delirium, with nausea, retching, dilated pupils.
Vertigo; impaired vision; dizziness.
She feels grieved, troubled, with sighing.
* *Great melancholy, with sleeplessness (primary).*
Exhilaration, with pleasant thoughts *(secondary).*
* Delirium tremens, with nausea, retching, dilated pupils, tremor of the limbs, incessant talking, and changing from one subject to the other, sleeplessness, imagines strange objects about the bed, as rats, sheep, etc., with quick, full pulse, and peculiar wild look out of the eyes.
* Apprehensiveness and sleeplessness in pregnant women.
* *Mental disorder:*—"Sensation as if a heavy black cloud had settled all over her and enveloped her head, so that all was darkness and confusion, while at the same time it weighed like lead upon her heart." She was suspicious of everything; would not take medicine if she knew it; indifference, taciturn, takes no interest in household matters; frequent sighs and ejaculations. (Cured by *Cimicifuga 200th.—Dunham.)*

HEAD.

* *Pain over the eyes*, and in the eyes, extending along the base of the brain to the occiput.
* Severe pain over the *left* or *right* eye, extending to the eye and base of the brain, with dejection of spirits.

Sensation as if the temples were compressed.

* Dullness and heaviness in the head, as if he had been on a "spree."

Brain feels too large for the cranium; a pressing from *within, outward.*

Excruciating pain in the forehead, extending to the temples, on waking at 2 A. M., with coldness of the forehead.

o Severe remittent headache of long standing, occurring every day at same hour.

Acute pain through the head during the day.

Dull boring pain in the forehead, over left superciliary ridge, at 10 A. M.

* Severe pain in forehead, extending to the temple and vertex, with fullness, heat and throbbing; when going up stairs sensation as if the top of the head would fly off.

o Pain in the head relieved in the open air.

o Excruciating pain in the forehead, with coldness of forehead; pain in the eyeballs.

o Nervous, rheumatic and menstrual headaches.

o Headache, with severe pain in the eyeballs, extending into the forehead, and increased by the slightest movement of the head or eyeballs.

o Dull pain in occipital regions, with shooting pains down back of the neck.

o Cerebro-spinal meningitis.

EYES.

Aching of the eyes, which feel heavy, lasting for days.

Eyeballs exceedingly painful; with increased secretion of tears.

Stinging in the eyelids, with inflammation.

Eyes feel as if swollen; black specks before the eyes.

Congestion of the eyes during the headache.

Intense and persistent pains in the eyeballs.

Ocular hyper-æsthesia.

* Severe pain in the centre of the *eyeballs*, worse in the morning, lasting all day, aggravated by going up stairs.

* Sensation of *enlargement* of the eyeballs; they feel as if they would be pressed out of the head.

* Pain, as if situated between the eyeball and the orbital plate of the frontal bone.

Heat and swelling of the *eyelids*, with stinging pain.

Dilated pupils, with black specks before the eyes.

o Neuralgia of the eyeballs, without much congestion.

o Catarrhal and rheumatic ophthalmia.

The myopia was aggravated by large doses.

o Amaurosis; amblyopia; double vision.

JAWS.

Very severe pains in teeth and jaws, worse in under jaw and its articulations.
Pain in right superior maxillary bone and teeth.
o Rheumatic and neuralgic toothache.

NOSE.

Stinging sensation in the nose in the evening.
o Frequent sneezing and fluent coryza during the day.
o Catarrhal condition of the mucous membrane.
Very profuse greenish and slightly sanguineous coryza.
Stuffed condition of the nostrils.

FACE.

Severe pain in the left jaw.
Heat on one side of the face, with lassitude all over.
o Pains in the head and face are constant.
o Catarrhal-rheumatic attacks.

MOUTH AND THROAT.

Offensive breath.
Dryness and soreness of the lips, with swelling of the back part of the tongue.
Accumulation of thick mucus upon the teeth.
o Swollen condition of mucous membrane in rheumatism.
Dryness of the pharynx, in a small spot, with inclination to swallow.
Soreness of the throat when swallowing, and on pressure, with stiff neck.
Inflammation of the uvula and palate, worse on the left side copious coryza.
o Hoarseness, roughness and scraping in the throat.
o Dry cough, from irritation and tickling at lower part of larynx.
o Rheumatic sore throat.

STOMACH.

* Eructations, with nausea and vomiting, with headache.
o Acute darting pain in the stomach.
Slight pain in the epigastrium, extending to the left hypochondrium.
* Faintness and emptiness in the epigastrium, almost constant; (a very characteristic symptom).
Sensation of internal tremor in the epigastrium.

ABDOMEN.

Flatulence, causing sensation of fullness in the abdomen.
Acute cutting pains in the umbilical region.

Severe pains in the bowels, with weight and pains in the lumbar region.
Dull griping, twisting at the umbilicus, more towards the left.
Periodic colic, with inclination to bend forward, relieved after stool.
o Rheumatism of the muscular structures of the abdomen.
o Neuralgia of the abdominal plexuses.
o Puerperal peritonitis, with suppressed lochia, delirium, etc.
o Abdominal myalgia, after confinement.

STOOL.

Disposition to diarrhœa.
Constipation; fæces hard and dry.
Large papescent stool.
Scanty diarrhœa with tenesmus.
o Non-inflammatory colics and diarrhœas of children.

URINE.

Frequent urination, with increased flow.
o Retention for 18 hours, followed by profuse urine.
Profuse flow of pale, watery urine.
o It increases the excretion of the *solids* of the urine in rheumatism.

GENERATIVE ORGANS.

Female.— * A sensation of weight and bearing down in the uterine region, with a feeling of heaviness and torpor in the lower extremities.
* The menses appear eight days before the time.
* Troublesome labor-like pain during pregnancy.
* Abortion in the early months of pregnancy.
Premature labor, with serious hemorrhage.
Prickling sensations in both mammæ.
Leucorrhœa, with bearing down pains.
o Vaginal and cervical leucorrhœa, without ulceration.
o Amenorrhœa, with excessive pain in the head, back and limbs; with dark circles around the eyelids.
o Retarded menstruation, with pressive, heavy headache, etc.
o Suppression from a cold; febrile symptoms; rheumatic pains in the limbs; uterine cramps.
o Congestive dysmenorrhœa, and of rheumatic origin.
o Uterine ailments of a neuralgic type.
o Dysmenorrhœa, with aching in the limbs, severe pain in the back, down the thighs, with heavy, pressing down, labor-like pains, cramps, tenderness of the hypogastric region.

o Menorrhagia; profuse flow, of a passive character, dark, coagulated, with the characteristic pains.
o Uterine inertia.
* Spasmodic, painful and intensely powerful but intermitting contractions.
o Suppression of the lochia.
o Threatened abortion, and habitual abortion.
o Prolapsus uteri, from deficient innervation.
o Ovaritis. Irritable uterus.
o Post-partem hæmorrhage.
o Spasms of the broad ligaments.
o Sterility, from various causes.
o Puerperal melancholy and mania, with sleeplessness.
Male.—Pain and tenderness of the testicles.

LARYNX.

Constant inclination to cough, from tickling sensation in the larynx.
Hoarseness.
Short dry cough; fluent coryza.
o Troublesome hacking cough.
o Catarrhal cough of children, especially at night.

CHEST.

Acute pain in right chest, extending from top to bottom, about two inches to right of sternum, aggravated by inspirations.
Lancinating pain along the cartilages of the false ribs, left side, aggravated by inspiration.
Transient and fugitive pains all through the chest, with cardiac palpitations.
o Aching, wearing pains in under left mammæ.
o Neuralgic pains through the chest.
Stitches in the region of the heart, and pain in left side of the chest.
* Pleurodynia, rheumatic or myalgic.
* Pleurisy, sub-acute (after Aconite and Bryonia).
o Chronic cough, dependent on nervous debility.
o Pains in the left side so common to females.

HEART.

Pain in the region of the heart, with palpitations, and stitches flying through various parts of the thorax.
Pain and anxiety in the heart, with pain in left shoulder; the arm feels bound to the side.
Transient but severe cardiac palpitations.
Pulse weak, irregular, 80 per minute.

o Paroxysms, several times a day (in a woman at the change of life), of intense pain in the region of the heart; great anxiety; livid or purple color of the face; cold perspiration on the hands; numbness of the whole body, especially the arms; the heart's action seems suspended by spasms; she cannot speak or move; she feels as if suffocating; head forcibly retracted, and unconsciousness.
o Palpitation of the heart; numbness of the arms; (pain down the left arm into the hand, and great exhaustion).
o Intense anxiety and pain about the heart, with pain in the shoulder, extending down the left arm.
o Rheumatic affections of the heart.
o Pericarditis, sub-acute, during rheumatism.
o Cardiac myalgia (with pain, irregular action, etc.)
o Functional disorder, from mental depression.
o Angina pectoris.
o Palliation in some organic affections, hypertrophy, etc.

BACK.

* Stiffness of the neck.
Drawing and pulsating pain in lumbar region.
* Dull, heavy aching in the small of the back, relieved by rest, increased by motion.
Stitches in the back, aggravated by motion or respiration.
* Cramping in the muscles of neck on moving the head.
* Rheumatic pains in the muscles of the neck and back.
Trembling and weakness in the back—sacrum.
In the morning, on bending the neck forward, a severe, drawing, tensive pain at the points of the spinous processes of the three upper dorsal vertebræ.
Dull pain in region of lower dorsal and upper lumbar vertebræ.
Weight and pain in lumbar and sacral regions, sometimes extending all around the body, somewhat below the crest of ileum.
Feeling of stiffness and constriction in muscles of the back.
o *Lumbago*—one of the most useful remedies.
o A painful affection known as "crick in the back."
o *Spinal myalgia,* falsely called spinal irritation, with pain, soreness, tenderness along the spinal column; a disease seated in the ligaments and muscles of the vertebral column, and generally of a rheumatic origin, or due to weakness of the muscular fibres.

SUPERIOR EXTREMITIES.

* Dull pain in right arm, deep in the muscles, from the shoulder to the wrist.

Itching and redness of dorsal surface of the hands.
Neuralgic pains in all the extremities.
Pains which are cramping, with lameness and numbness.
o Muscular rheumatism of the extremities.

LOWER EXTREMITIES.

Dull, aching, burning pain in the great toe, extending up the limb.
o Sciatica, with numb, crampy, and laming pains.
o Rheumatic-neuralgic pains.
o Articular rheumatism; also muscular, especially in the large muscles.

SKIN.

Prickling, itching, and heat of the whole surface.
Eruptions of white pustules over the face and neck, sometimes large, red, papular.
Papular eruption on back of hands and wrists.

SLEEP.

* Sleeplessness, from nervous irritation.
o Sleeplessness of children during teething.
o Sleeplessness, with melancholy mood.

FEVER.

o Rheumatic fever of an acute character.
o Night sweats without organic disease.

GENERALITIES.

Nervous system.— * *Chorea*, from suppressed menses.
o *Chorea*, from undue exposure to cold.
o *Chorea*, from rheumatic irritation of motor nerves, or anterior column of spinal cord.
o *Chorea*, from deranged menstrual functions; always worse at the menstrual periods.
o *Chorea;* the whole body in constant motion, with loss of speech, and mental depression.
o Spasmodic jactitation of limbs, or single muscles.
o Cerebro-spinal irritation, when the motor side is excited and then excites atony of the muscular system.
It causes first great irritability of the nervous system, and secondarily, great exhaustion of that system.
Nervous exhaustion after the least excitement.
Great sensitiveness to cold air; it seemed to penetrate the system.
Continual restlessness in afternoon; desire to move about, not knowing what to do, or where to go.
General weak, ill, trembling, sinking feeling.
Tremors; so weak and trembling as not to be able to walk or study.

General lame and bruised feeling, as if sore all over.
It affects the left side most.
Severe *aching* in joints and back, as if attacked with variola.

CHIMAPHILA UMBELLATA.

(Prince's Pine.)

ANALOGUES:—*Cubeba,(?) Copaiva, Buchu, Galium, Pareira, Uva ursi, Cannabis sativa.*

OFFICINAL PREPARATIONS: — Tincture of the leaves; dilutions.

URINARY ORGANS.

* Scanty urine, containing large quantity of mucq-purulent sediment.
o Dropsy, from disease of the kidneys.
o Albuminuria.
o Increased amount of urine, with diminution of the lithates.
o Chronic catarrh of the bladder.
o Disease of the prostrate.
o Hæmaturia, from chronic gonorrhœa.
o Dysuria in plethoric, hysterical women; scanty, frequent urination, and pressing, scalding, smarting pain; high-colored urine, depositing a copious mucus sediment.
o Urine thick, ropy, of brick color, and copious bloody sediment, with hectic fever and night sweats.

STOOL.

Constipation.

GENERATIVE ORGANS.

* Excessive itching and painful irritation of the urethra, from the end of the penis to the neck of the bladder.
* Sensation of swelling in the perineum, as if in sitting down a ball was pressing against it.
o Atrophy of the mammæ.
o Tumors of the mammæ.
o Schirrhus tumor of the mammæ. (?)

FEVER.

* Flushing of the cheeks and general heat, with accelerated pulse.
o Hectic fever.

SKIN.

o Glandular enlargements.
o In scrofula it seems to rank with any of the anti-psorics.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD

VIII.—DIPHTHERITIC CROUP.

(Continued from page 324.)

Diphtheria is an acute blood disease of a specific nature, running a definite course of from seven to fourteen days. Its most common local manifestation is an inflammatory affection of the fauces, accompanied by an exudation, which in its mildest form form may be said to be merely a disordered secretion from the mucous membrane, but which in its fully developed form is an organized pseudo-membrane—dense, firm, coherent and elastic. This condition may be accompanied by ulceration or even by gangrene,but these are accidental concomitants, and do not appear to be essential to the disease. The pseudo-membrane usually makes its first appearance on the pharynx, but it may afterwards appear on any mucous surface. It sometimes appears on the eyes, the nares, the larynx, the vulva, or even on the stomach, without having shown itself on the pharynx, and it may come on any part of the body from which the epidermis has been removed. Diphtheritic croup is the disease produced by the formation on the larynx of this pseudo-membrane, either by extension from the fauces or by original exudation from the mucous membrane of the larynx itself. As observed in the pharynx, the exudation is preceded by a low inflammatory state—dark purplish redness, with swelling, but little or no pain. At the same time the submucous tissues are swollen and often engorged with fluid, which can be pressed out of the follicles. The first deposits of the exuded lymph are usually observed at the orifices of these

follicles, where they appear like little islands of a glistening appearance. Soon these islands extend and gradually coalesce and as the membrane spreads at its margins, the older portions are gradually thickened by additions from beneath. This pseudo-membrane varies very much in consistence, extent and appearance. Sometimes it is soft, gelatinous and almost liquid, lying loose in the throat, almost like a clot of cream, with its particles so soft and so little connected with each other, that it almost seemed a misnomer so apply the term pseudo-membrane to it. At other times it resembles a moist fragment of kid-glove leather—dense, elastic, coherent, and as thick as a silver half dollar. I remember examining one pseudo-membrane, in the year 1860, the upper part of which was a quarter of an inch in thickness, and of horny hardness. It was lying almost loose in the fauces, and, on being removed, it was perfectly reproduced in twenty hours. Between these extremes one meets with membranes of great variety as regards thickness, cohesion and appearance. The more liquid membranes are whitish or yellowish-white in color, while the denser ones are whitish, gray, or ash-colored, and sometimes brown or blackish. Sometimes, but rarely, the membrane is dry and friable, resembling somewhat the inspissated mucus of the nares. As a general rule, it may be said, that the grand difference between the membrane of true croup and the membrane of diphtheria, is that the former is principally composed of fibrin, while the latter is principally composed of albumen. I have observed diphtheritic membranes which yielded no indication of albumen upon the application of heat, or the application of tannic acid or nitric acid, and also that some membranes which came from clearly marked cases of true croup, showed more albumen than fibrin, but still the rule is as I have stated—albuminous in diphtheria, fibrinous in true croup. "Chemically, the exudation has an alkaline reaction, swells, and is rendered transparent by acetic acid, and is dissolved by strong alkalies. It is not affected by maceration in water, and yields no gelatine when tested by tannin. When boiled, it gives no indication of albumen. It is sometimes soluble in an aqueous solution of nitre (half a dram to the ounce,) like pure fibrin. The exuda-

tion in the bronchi usually becomes disintegrated by maceration in water and gives indication of albumen on boiling."—*(Hillier.)* To this I would add that the membrane from the trachea, and to a less extent the laryngeal membrane, acts in the same manner as the bronchial exudation. "When this substance (diphtheritic exudation) is more closely examined, it will be found usually to consist of granular, often brownish-yellow, frequently numerous, super-imposed layers; flocculent shreds, and more rarely, filamentous, reticulated masses may, with care, be isolated. The brownish-red particles which often exist, are amorphous, orange-yellow, flocculent coagula, deriving their color from the *hematin* of the blood-corpuscles. In the exudation, the red coloring matter sometimes undergoes a change, so that it is no longer extracted by water, as it is in the red blood-corpuscles; even acetic acid exerts no influence upon these flocculi thus impregnated with altered hematin. Among newly-formed elements, besides those above described, roundish or elongated nuclei, pus and granular corpuscles (fat-granule-globules,) are those which most commonly occur."—*(Wedl.)* Some pathologists consider that the *oidium albicans* is a constant and characteristic constituent of diphtheritic membrane, but the occasional existence of such vegetable growths is a mere coincidence having no essential connexion with the disease.

On examining, after death, the bodies of those who have died of diphtheria of the air passages, the epiglottis is often found to be so enormously swollen as to close the entrance to the windpipe. It is also covered on both sides, or on one only, with the characteristic exudation, on removing which small points of ulceration are seen studding the mucous surface. The larynx is lined with pseudo-membrane, generally whiter than the pharyngeal membrane, on removing which the mucous surface is seen to be swollen and thickened. The mucous membrane is sometimes intact, but often, as on the epiglottis, it is eroded by minute ulcerations, and this appears to be more frequent in the air passages than on the pharynx. Dr. Charles West remarks that he has "in no instance observed false membranes extending below the larynx," but, in common with

many other physicians, I have seen complete cases of the trachea, bronchi, and bronchial tubes, even to the third bifurcation. At the upper part of the trachea the pseudo-membrane is similar to that lining the larynx, but as it descends it becomes thinner and less consistent till it tapers off to a very thin and transparent pellicle. In some six or eight cases I have noticed blood which had been accidentally drawn, and it was always of a dark brownish hue and deficient in coagulability.

Diphtheritic croup can only be confounded with true or inflammatory croup. True croup is most frequently caused by the sudden passage from warm to cold air, and is often occasioned by sleeping in very cold bed-chambers after having been all day in hot rooms. Diphtheritic croup is the manifestation on the larynx of a blood disease, and whatever effect external causes may have in bringing about diphtheria in general, they have very little in producing the laryngeal variety. As to age, true croup appears much earlier than diphtheritic croup. True croup is usually preceded by catarrhal symptoms, while diphtheritic croup is usually preceded by diphtheria of the pharynx, which may not be ascertained without careful examination, as there may be no pain whatever. True croup is a local inflammation of an exudative character accompanied by a purely inflammatory fever, while diphtheritic croup is originally a blood-poisoning, and the disease is what Hahnemann would call "a local manifestation" of that blood-poisoning —hence, in a majority of cases of true croup, the pharynx is healthy, or almost healthy, while in a majority of cases of diphtheritic croup the pharynx is diseased. While, then, true croup commences with inflammatory fever of a very pronounced type, diphtheritic croup is accompanied by fever of a typhoid or adynamic type. "In diphtheria the uneasiness is first referred to the parts subservient to deglutition; in croup, on the contrary, the earliest symptom is that of stridulous voice and breathing—a symptom which, in the former, indicates the final development of diseased action."—*(Dr. Rankin.)*

In true croup, the false membrane is rarely seen and then only as a pearly exudation in the neighborhood of the epiglottis,

while in diphtheritic croup the membrane is always visible save in the rare instances in which it is developed without the pharyngeal affection. True croup commences in the larynx, and if it spreads at all, it extends to the trachea or bronchial tubes; as a general rule, diphtheritic croup commences in the pharynx and subsequently invades the air-passages. To Dr. Helmuth, of New York, we owe the clear enunciation of the fact that the membrane of true croup is fibrinous, while that of diphtheritic croup is albuminous. In true croup a trembling, vibratory sound may often be heard on auscultation, denoting the presence of floating false membrane, but the characteristic auscultatory indication of diphtheritic croup is a soft gurgling sound, similar to the cavernous râle of phthisis. In true croup you never see the acrid coryza with scarlatiniform eruption so often seen in diphtheritic croup. "The dyspnœa in croup is paroxysmal, and invariably worse at night. There is a true spasm of the laryngeal and tracheal muscular fibres. At intervals the patient breathes almost naturally. In a few moments, especially if permitted to sleep, he is in a fit of suffocation again, which, by and by, alternates with relative repose. The ease and freedom of the respiratory movements in diphtheria vary considerably at intervals; but the intervals occur irregularly during the day, as well as at night, and the relief afforded by them is less marked than in the case of croup."—(*Dr. Ludlam.*)

In true croup the cervical lymphatic glands are not swollen, but this is a very frequent concomitant in diphtheritic croup; true croup is never associated with the malignant symptoms so common in diphtheritic croup. True croup is not contagious, while diphtheritic croup—in common with all manifestations of diphtheria—is contagious; and, again, true croup is seldom epidemic, while diphtheritic croup is frequently seen in an epidemic form. T. N.

(To be continued.)

CALCAREA PHOSPHORICA.—(*Guernscy.*) Uterine displacements aggravated by the passage of urine or stool, worse during the catamenia. As the menstrual flux becomes less and less, the leucorrhœa increases more and more, looking like the white of an egg.

Pharmacology and Posology.

CUNDURANGU—THE TRUE AND THE FALSE.

The following has been offered for publication by Mr. George J. Wenck, chemist *(D. C. & Chemical Gazette)*:

For the information of the medical profession the following observations, published in the *Andes*, at Guayaquil, have been translated, and are respectfully submitted:

The favorable news which continues to come from the United States and other places of the virtues of this plant, renders it important to be able to distinguish the true Cundurangu from other vines, which from a similar appearance are being substituted for it.

Dr. Chiriboga [of Guayaquil] says, "It is now fifteen months since I began to make a particular study ef the physical qualities and medical effects of the Cundurangu, as well in the hospital under my charge as in private practice. I have observed attentively the action of this plant in various complaints, administered in the forms of tincture, extract, and decoction. I have proved to my own satisfaction that it has many admirable qualities, especially in the following affections:

"In rheumatism (tendinous or muscular); in various neuralgias; in cutaneous affections; in many diseases of the blood; in cancerous diseases, against which it may be looked on as a specific.

"The astonishing improvement obtained in two cases of open cancer of the breast, and the complete disappearance of another non-ulcerated cancer, as well as the marvelous cure of a cancer in the tongue of a gentleman who was once President of the Republic, and many other well-attested cases, leave no room for doubt about the efficacy of the Cundurangu in this terrible disease.

"In the United States many publications have been made of the good effects of this plant in cancerous affections, even with the small quantity of Cundurangu sent by the Government of Ecuador for that purpose; so much so, that speculations in the plant are now the rage, but unfortunately frauds have already been introduced and will tend to discredit this great discovery.

"Whether from ignorance in some or cupidity in others, large quantities of a spurious species have been introduced into the market, and particularly one known by the name of *Vejuco Pachon*, to be exported as the true Cundurangu.

"The former vine, it is true, belongs also to the family of *Asclepiadeceæ*, and is a climbing milky shrub, native of America. One of a number of the various species is cultivated in the gardens in Europe (Asclepias Syriaca), and known by the name of wild cotton or silk plant, from the silk fibres to which the seeds are attached. The properties of this numerous family are so varied that some are emetic, others tonic, anthelmintic, etc. It is only the Cundurangu which, besides being tonic, deobstruent, and diuretic, is distinguished by the singular and providential quality of being *anti-cancerous*.

"Speculators in the plant ought to be careful to get the right species. Besides the botanical character by which it is distinguished, and the smallest quantity of the resin peculiar to the Cundurangu, evident at first sight, the following peculiarities may be useful to distinguish the two vines: A concentrated decoction gives no reaction with test paper. That made with the *Vejuco Pachon* is slightly alkaline. That of the Cundurangu, treated by ammonia, gives a fine orange-yellow tint, whereas the other yields a greenish-yellow. The Cundurangu gives out an odor of pyroligneous acid treated by concentrated citric acid, which is not the case in the other vine.

"The decoction has a straw color and a characteristic odor, somewhat balsamic like nutmeg, which by itself distinguishes it from the other, which is turbid, mucilaginous, and inodorous.

"There are two more species of Cundurangu, one a pale yellow and the other black. The use of the latter requires much precaution in doses given. The above characteristics are meant for the white Cundurangu.

"The bark is generally used, as the woody fibre is too weak."

CARBOLIC ACID PREPARATIONS.

CERATE.—*Carbolic Crystal Cerate.*

Carbolic acid crystals,.....1 part.
Pure Olive Oil,.....99 parts.
Cera flava, q. s.

DISINFECTANT.—*Carbolic acid disinfectant.*

Carbolic Acid crystals,.....1 ounce,
Pure water, hot,.....5 ounces.
Pure water, cold,.....Oxij.
Mx.

Water will dissolve 1/20 of Carbolic acid, but the above proportion is sufficently strong. Dissolve the crystals in the hot water, first, and then add the cold water gradually.

ALCOHOLIZED CARBOLIC ACID.—*Acide Phénique Alcoholisé.*

Pure Alcohol, 90°.
Carbolic Acid crystals.
ā ā equal parts. Mix.

Should be kept in stoppered vials. Convenient for making solutions of Carbolic Acid, and as an application for poisoned wounds, etc.—*Lemaire.*

CARBOLIZED VINEGAR.—*Vinaigre Phénique*:—*Quesneville.*

Common Vinegar,.....9 parts.
Carbolic Acid,.....1 part.

Used as a disinfectant.

CARBOLIZED GLYCERINE.—*Glycerine Phénique.—Lemaire*

Pure Glycerine,.....99 parts.
Carbolic Acid,..... 1 part.

CARBOLIZED AMYLACEOUS OINTMENT.—*Sansom.*

Pure Starch,.....3 parts.
Hot water,.....20 parts.

Mix, in the ordinary way (the starch being made first into a paste with cold water, and then hot water added), to a stiff consistence ; then add

Olive Oil,.....1 part,
Glycerine,.....3 parts,
Carbolic Acid,.....1 part,

And thoroughly mix in a mortar. When cool this is a soft jelly, which can easily be applied as ordinary ointment. It is much more efficacious than one the basis of which is entirely fat, and it is an agreeably cool application.

CARBOLIZED OIL.—*Calvert.*

Pure Carbolic Acid,.....1 part,
Olive Oil,.....6 parts.

Olive Oil is better than linseed oil, as a vehicle, as the latter is more prone to oxidation.

CARBOLIZED LEAD PLASTER.—*Lister.*

Olive Oil,.....12 parts (by measure),
Litharge, (finely ground), 12 parts (by weight).
Beeswax, ... 3 parts (by weight).
Crystalized Carbolic Acid, 2½ parts (by weight).

Heat half the olive oil over a slow fire; then add the litharge gradually, stirring continually until the mass becomes thick or a little stiff; then add the other half of the oil, stirring as before, until it becomes thick again. Then add the wax gradually till the liquid again thickens. Remove from the fire and add the acid, stirring briskly till thoroughly mixed. Cover up close, and set aside to allow all the residual litharge to settle; then pour off the fluid, and spread upon calico to the proper thickness. The plaster made in this way can be spread by machine and kept rolled in stock, and if in a well-fitting tin canister will retain its virtues for any length of time.

LIQUIFIED CARBOLIC ACID.—*Sansom.*

Pure Carbolic Acid,.....15 parts,
Alcohol,..... 1 part,
Mix well.

For many purposes, especially for dispensing, it is convenient to keep the acid in a liquid form, otherwise the crystals must be melted by heat each time that the acid is employed.

CARBOLIZED EARTH.—*(Terre Coaltaré.)*

Common loam, passed through a sieve, 100 parts,
Coal tar..... 2 parts.
Mix intimately.

As a disinfectant for crops and for the destruction of noxious insects.

CARBOLIZED WATER FOR THE TEETH.

Water,.....1000 parts,
Tincture of Gaultheria p..... 50 parts,
Pure Carbolic Acid,..... 10 parts.
Mix.

A dessert-spoonful in a quarter of a tumblerful of water, serves as an excellent preparation for cleansing and preserving the teeth.

CARBOLIZED SYRUP.—*Sirop d' Acide Phénique :—Chaumelie.*

Simple syrup.....99 parts,
Carbolic acid crystals,..... 1 part.

CARBOLIC ACID ANTIDOTE.—*(D. C. and Chemical Gazette.)* Dr. Theodore Housmann opposes the use of fixed oils, glycerine and similar demulcents in cases of poisoning by carbolic acid; but recommends, based upon experiments with rabbits, made by himself and Ummethun, the saccharate of lime, the alkaline earth combining with the carbolic acid to form a non-poisonous salt. Lime water is less adapted to this purpose, owing to the sparing solubility of lime in water, and the large quantity of lime water required for neutralizing the poison, Precipitated carbonate of lime does not combine with carbolic acid, but may be employed in case the saccharate of lime should not be procurable at once; the carbonate appears to act merely mechanically by absorbing the poison, and thus delaying its ill effects; sufficient time is thereby afforded to prepare the saccharate.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

INTERMITTENT FEVER—EPILEPTIFORM CONVULSIONS.

BY A. A. FAHNESTOCK, M. D., ELKHART, INDIANA.

Edward C., aged 25 years, has suffered from sun-stroke twice. and was for some time afterwards subject to epileptic convulsions, from which he has so far recovered that he has them only during the febrile stage of ague. Has had quotidian ague four or five times during the last three months, each time palliated by Chloral hydrate and suppressed by Sulphate Quinine. Chill usually commenced in the morning, 9 or 10 A. M., with pain in head and limbs, great thirst, headache, nausea and vomiting. Fever comes on slowly, with face congested, eyes heavy and dry,—the pain becoming intense, with a general twitching of the muscular system. The eyes now become bright and staring; the whole frame rigid, jaws locked, frothing at the mouth, with insensibility. Duration of paroxysm, from five to fifteen minutes, after which he is unconscious of all that has transpired. Will sometimes have three or four paroxysms in succession. Was called to see him Sunday afternoon, June 2d. Had been having chills, followed by convulsions, for four successive days. Was suffering terribly with the head. Fever quite high, and presenting all the appearances detailed above as heralding an approaching convulsion. Put five (5) drops of tincture Stramonium in five (5) teaspoonfuls of water, gave one teaspoonful and awaited developments. In less than fifteen minutes the groaning ceased, the redness and heat about the head disappeared, and he expressed himself as without a pain; in an hour's time was sitting up conversing as lively as any member of the family. He received but the single dose,

and has had no repetition of chills, and consequently no convulsions.

LUMBAGO.

BY H. M. BRODRICK, M. D., DECATUR, MICH.

May, 1870.—Rev. Mr. B——, suffering with a severe rheumatic pain in the lumbar muscles, contracted by removing his flannels too soon. It was impossible for him to stoop to pick up anything from the floor, or lie on his back. The pains were of a sharp character, and rendered moving, when not in an erect position, perfectly unbearable. He had tried all the remedies mentioned in his domestic practice, and about everything else that his friends had recommended, but all in vain. I called to see him; gave one drop of tincture of Venice turpentine, on sugar, three times a day. Did not see him again for four days, then found him entirely free from all pain. He said there was a marked improvement after taking the second dose. I have seen him once or twice every week since. He says he has not been troubled with it.

MICROSCOPICAL EXAMINATION OF THE SPUTUM.—*Medical Record.*—Dr. A. P. Dutcher, Cleveland, Ohio *(Cin. Medical News,)* adds his testimony as to the value of a microscopical examination of the sputum as a means of diagnosis in chest diseases. Dr. Hughes Bennett concurs with Dr. T. Thompson in recommending it as a very useful means of diagnosis in all doubtful cases of phthisis. Dr. Andrew Clark, of London, regards the examination of the sputum as the only certain means of detecting the disintegration of the lungs and the increase of the disease.

A REMEDY FOR SICK-HEADACHE.—(*Medical Record*).—Grimault & Co., of Paris, make a preparation called Guarana, from the seeds of a tree native of Brazil and known as *Paullinia sorbilis*. This remedy is said by Dr. Wilks, of Guy's Hospital, London, to be very serviceable in relieving sick-headache. The active principle resembles cafeine and theine, the seeds themselves being used, sometimes, in Brazil, as a substitute for cocoa, being prepared in a similar manner.

Colleges, Societies, etc.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-second annual meeting of this society was held in the State House at Montpelier, on Thursday, June 13th, about thirty members being present. The meeting was called to order at half-past nine, by the President, J. H. Jones, M. D., of Bradford, and prayer was offered by Rev. A. D. McCoy.

The minutes of the last meeting were read by the Secretary, and the Society then proceeded to the election of members. Dr. A. M. Cushing, of Lynn, Mass., and Dr. H. A. Houghton, of Keesville, N. Y., presented their credentials as delegates from their respective State Societies, and were invited to take part in the Society's proceedings.

The report from the Bureau of Clinical Medicine was then called up, and cases reported. Dr. M. G. Houghton, of St. Johnsbury, reported a case of dry, hacking cough, aggravated at 4 P. M., cured by *Lycopodium 200*. Hysterical convulsions, twenty-two in twenty-fourhours,with fever ; completely relieved in an hour by *Gelseminum 3d*. Cholera infantum, with vomiting and purging ; dark yellow and greenish stools, every ten or fifteen minutes ; also cramps, *Veratrum album* relieved the patient, but being worse on fourth day, with eyes half open when asleep, rolling of head, &c. Gave *Podophyllum 2*, which caused a rapid recovery. Diphtheritic sore throat, deposit on right tonsil, symptoms worse after sleep. Cured by *Lachesis*.

A long and interesting discussion upon scarlatina followed. Dr. M. G. Houghton said that it raged epidemically in his vicinity, but not in a very malignant form ; found that he was frequently obliged to use *Aconite*, and could only account for it by the prevalence of strong north winds. Generally used *Apis*, *Belladonna* and *Allium cepa*, but when the rash did not come out well, found *Gelseminum* of service. Dr. J. H. Jones had a few cases of malignant scarlet fever which died in 36 or 48 hours ; but he considered them to be rather cases of cerebro-spinal meningitis. Dr. H. A. Brigham made a few remarks, giving a summary of the discussion at the American Institute,

showing that a peculiar *genus epidemicus* has prevailed the past year, in the Western country appearing a cerebro-spinal meningitis, in the Middle States and part of New England as small pox and scarlatina, and along the Connecticut River Valley as scarlatina and cerebro-spinal meningitis; the disease showing a tendency to combine the various forms; and seeming to be owing to a deterioration of the corpuscles of the blood, which overwhelms the vital powers; he also quoted Dr. Blair to show that the most appropriate remedies would be *Apis*, *Lachesis*, *Arsenicum*, and others of that class. Drs. Jones, Currier Arthur and Parkhurst, gave their experience, and also reported cases of interest.

The Bureau of Obstetrics being called up, Dr. Sparhawk related a case of Uterine Hydatids. Dr. Houghton, of Keesville, related a case of puerperal convulsions cured by *Secale* and *Belladonna*; the discussion of this subject was participated in by Drs. Cushing, Scott and others. Several of the gentlemen expressed their views as to the utility of giving remedies preparatory to parturition, and the opinion of the Society seemed to be in favor of giving *Caulophyllum* or *Cimicifuga*, or both, for a month or two prior to the expected time of labor.

AFTERNOON SESSION.

Dr. Thomas, of Stowe, presented the case of his son for investigation and advice; this was referred to a committee. Dr. C. B. Currier reported a case of extra uterine pregnancy occurring in the right ovary.

Bureau of High Potencies presented no report.

The Bureau of Surgery offered quite a full report. Dr. Van Dusen reported the history of a case of malignant tumor or medullary cancer occurring in the mesentery; the morbid growth extirpated after death was shown to the Society. Drs. Pack, Parkhurst and Jones, reported cases of sarcoma. Dr. Currier reported a case of removal of half the clavicle and part of the sternum, for a bony tumor, which proceeded to suppuration; the patient made a good recovery. Dr. Houghton gave the case of a man who had compound comminuted fracture at elbow joint, from being jammed between two cars. Gave chloroform, and enlarging the opening, removed the loose portions, a gutta percha splint was applied and a good recovery followed. Dr. Currier advlsed the use of *Calendula* as a dressing for cut wounds; and for offensive ulcerations, he uses *Bromo-Chloralum*. Drs. Sparhawk and Worcester related cases of hernia cured by the appropriate remedy. Dr. Jones reported a case of supposed strangulated hernia, and as such was to b

operated upon by an allopathic surgeon, with faint hope of success. Dr. Jones, however, diagnosed intussusception of the intestine, with drawing up of the right testicle; and under the use of *Nux 200* and *Opium 200*, a rapid recovery followed. Other reports were handed in, showing a satisfactory state of homœopathic surgery.

The Bureaus of Provings and Uterine Diseases presented no report.

Drs. Currier, Hill and McDuffee, were appointed a committee on nominations.

Dr. Cushing, of Lynn, delegate from the Massachusetts Homœopathic Medical Society, addressed the meeting and gave an account of the progress homœopathy was making in his State. He also referred to the futile attempts made to expel the homœopathic members of the Massachusetts Medical Society, which recently culminated in the Massachusetts Homœopathic Hospital Fair, held in Boston, at which over $80,000 was realized.

Dr. H. A. Houghton, formerly of Vermont, but now of Keesville, N. Y., delegate from the N. Y. State Homœopathic Medical Society, of which he is also President, next addressed the meeting. He referred to the early history of homœopathy in Vermont, when he, with three or four others, met at St. Johnsbury and formed the "Green Mountain State Medical Association," and now he was proud to see the condition of homœopathy in his native State. Vermont now had seventy regular practitioners, giving one physician to every 5,000 persons, a greater proportion than any other State in the Union.

Rev. A. D. M'Coy gave an instructive account of his experience at the South in Asiatic cholera and yellow fever, demonstrating by facts the superiority of homœopathy.

The Committee on Nominations made the following report, which was accepted:

For President—G. N. Brigham, M. D., Montpelier.
Vice-President—C. H. Chamberlin, M. D., Barre.
Corresponding Secretary—A. A. Arthur, M. D., Vergennes.
Recording Secretary—G. E. E. Sparhawk, M. D., Gaysville.
Treasurer—C. B. Currier, M. D., Middlebury.
Censors—Drs. M. G. Houghton, J. H. Jones, J. M. McDuffee,
Auditors—Drs. J. G. Peck, Samuel Worcester.

Dr. Jones made a short address on retiring from the chair. Dr. Brigham then assumed office and appointed the various bureaus; also as delegates—Dr. J. H. Jones to New York, G. E. E. Sparhawk to New Hampshire, and C. B. Currier to Massachusetts.

A Committee of three was appointed to prepare the History of Homœopathy in the State, also photographs of the various physicians. Dr. Houghton, of Keesville, N. Y., then promised to the Society a photograph album, to contain 100 pictures, for which the Society returned thanks by a rising vote.

Dr. Peck, of Derby, offered an amendment to the Constitution, to the effect that the annual meeting shall be held on the second Wednesday in June. Under the rules this was laid on the table for a year.

Dr. Worcester, of Burlington, moved the addition of a Bureau of Psychology, which was accepted.

After which the Society adjourned to meet at Montpelier on the second Wednesday in June, 1873.

Reported for the Observer by Samuel Worcester, M. D., Burlington, Vermont.

AMERICAN INSTITUTE OF HOMŒOPATHY.

New Members Admitted, 1872.

Abercrombie, Wm.H., M.D., Jersey City, N. J.—N.Y.Hom.Med.Coll., 1872.
Allen, Henry C., M.D., Brantford, Ontario—Cleveland Hom.Med.Coll., 1860
Austin, Jas. H., M. D., Bristol, Conn.—Berkshire Med. Coll., 1847.
Baker, Mary G., M. D., Worcester, Mass.—N. E. Female Med. Coll., 1862.
Berghaus, Alex., M. D., 48 West 24th St., N. Y.—Univ. of N. Y., 1870.
Bender, Prosper, M. D., Quebec, C.—McGill Univ.Coll., Montreal, 1865, &c.
Benham, F. A., M. D., Bronson, Mich.—Hah. Med. Coll.of Chicago, 1866.
Bossert, Charles, M. D., New York, N. Y.—N. Y. Hom. Med. Coll., 1872.
Bronson, Miles H., M. D., Lowville, N. Y.,—Hom. Med.Coll. of Penn., 1861.
Brooks, Chas. G., M. D., East Boston, Mass.—Harvard Med. Coll., 1871.
Brown, William, M.D., Philad'a, Penn.—Hom. Med. Coll. of Penn'a, 1852.
Brown, Samuel, M. D., Philad'a, Penn.—Hom. Med. Coll. of Penn'a, 1858.
Clark, J. J., M. D., Washington, D. C.—N. Y. Hom. Med. Coll., 1869.
Crater, Henry, M. D., Somerville, N. J.—Hah.Med.Coll. of Philad'a, 1872.
Crowel, Lewis C., M.D., Syracuse, N.Y.—Cleveland Hom.Med.Coll., 1872.
Cook, Susan S., M. D., Buffalo, N. Y.—Cleveland Hom. Med. Coll., 1861.
Dake, William C., M. D., Nashville, Tenn.—University of Nashville, 1872.
De Bann, Alice, M. D., Providence, R. I.—Eclectic Coll. of N. Y., 1872.
Doughty, Francis E., M. D., N. Y.—Coll. of Phys. and Surg., N. Y., 1859.
Edson, Susan A., M.D., Washington, D.C.—Cleveland Hom.Med.Coll. 1854.
Esten, John, M.D., Sau Francisco, Cal.—Cincinnati Eclectic Med.Coll. 1854.
Everett, Mary H., M.D., New York, N. Y.—N. Y. Coll. for Women, 1870.
Farrington, E.A., M.D., Philad'a, Penn'a.—Hah.Med.Coll.of Philad'a, 1868.
Frye, Moses M., M.D., New York, N. Y.—Hah.Med.Coll. of Philad'a, 1870.
Gilchrist, J. G., M. D., Tidioute, Penn'a.—Hom. Med. Coll. of Penn'a.

Goucher, E. T., M. D., Alliance, Ohio—Cleveland Hom. Med Coll., 1872.
Griswold, W.N., M.D., San Francisco,Cal.—Castleton Med. Coll.,Vt., 1859.
Gross, Maria M., M. D., Chicago, Ill.—Cleveland Hom. Med. Coll., 1859.
Haines, Jas.W., M.D., Waynesville, Ohio.—Hah.Med.Coll.of Chicago,1871.
Hutchins, H. S., M. D., Batavia, N. Y.—N. Y. Hom. Med. Coll., 1860.
Kennedy, J. C., M. D., Pittsburg, Penn.—Hah. Med.Coll. of Philad'a,1871.
Lawton, Chas. H., M.D., Wilmington,Del.—Hah.Med.Coll.of Philad. 1871.
Liggett, S. S., M. D., Sandusky City, Ohio.—Jefferson Med.Coll., Philad'a, 1870; Cleveland Hom. Med. Coll., 1871.
Lodge, Edwin Jr., M. D., Detroit, Mich.—N. Y. Hom. Med. Coll., 1871.
Logee, H. Frank, M. D., Keokuk, Iowa.—Cleveland Hom.Med.Coll., 1860.
Lukens, Isaiah, M. D., Wilmington, Del.—Univ. of Penn'a, 1847.
Manson, Chas. A., M. D., Springfield, Mass.—Burlington Med. Coll.
Massey, J. B., M. D., Sandusky City, Ohio.—Univ. of N. Y., 1848.
Morse, Lucius D., M.D., Memphis, Tenn.—Hah.Med.Coll.of Philad'a, 1872
Morgan, Laura, M.D., Bridgeport, Conn.—Woman's Med.Coll.of N.Y.1870.
McNeil, C. Holmes, M.D., Jersey City, N. J.—N.Y.Hom. Med. Coll., 1872.
Newell, Wm. H., M. D., Jersey City, N. J.,—Univ. of Penn'a, 1869.
Nichol, Thomas, M.D., Montreal, D. of C.—Hom.Med.Coll. of Penn.,1857.
Norton, Geo. S., M. D., New York, N. Y.—N. Y. Hom. Med. Coll., 1872.
Ockford, Geo.M.,M.D.,Hackensack,N.J.—Cleveland Hom.Med.Coll.,1872.
Owen, Ira C., M. D., Sherburne, N. Y.—Board of Regents of N. Y., 1869.
Owen, Jas. B., M. D., Lebanon, Ohio.—Hom. Med.Coll.of Penn'a, 1866.
Peer, Geo. W., M. D., Rochester, N. Y.—Univ. of N. Y., 1848.
Pettingill, Eliza F., M. D., Philad'a, Penn.—Woman's Med. Coll. of Philadelphia, 1866; Penn. Med. Univ., 1867.
Quick, Theodore, M.D., New York, N. Y.—Hom.Med.Coll. of Penn.,1855.
Richardson, B. M,, M. D., Brooklyn, N. Y.—N. Y. Hom. Med. Coll., 1865.
Roseberry, Chas. J., M. D., Easton, Penn.—N. Y. Hom. Med. Coll., 1862.
Robiuson, Henry D., M. D., New Brunswick, N. J.—N. Y. College, (?)
Robinson, J. Blake, M.D., New York, N.Y.—N. Y. Hom. Med. Coll., 1869.
Rowsey, Wm. Thos., M.D., Toledo,Ohio.—Cleveland Hom.Med.Coll.,1862.
Safford, Mary J., M. D., Chicago, Ill.—N. Y. Hom. Med. Coll., 1869.
Scott, Chester W., M. D., Lawrence,Mass.—Hom. Med.Coll.of Penn., 1854.
Scott, Emma, M. D., Brooklyn, N. Y.—N. Y. Coll. for Women, 1872.
Smith,Josephine S.,M.D.,New York,N.Y.—N.Y.Med.Coll.for Women,1871.
Spooner, Geo. R., M. D., Ware, Mass.—Hah. Med. Coll. of Philad'a, 1870.
Talmage, John F., M. D., Brooklyn, N. Y.—Univ. of N. Y., 1859.
Tibbles, Geo. N., M. D., Jersey City, N. J.—N. Y. Hom. Med. Coll. 1867.
Terry, J. Antonio, M.D., New York,N.Y.—Hah.Med.Coll.of Philad'a, 1869.
Walter, Ziba D., M. D., Marietta, Ohio.—Hom. Med. Coll.of Penn'a, 1866.
Ward, Jas. H., M. D., Brooklyn, N. Y.—Univ. of N. Y., 1850.
Warren, John K., M. D., Palmer, Mass.—N. Y. Hom. Med. Coll., 1870.
Williamson,Mattew S.,M.D.,Philad'a,Penn.—Hah.Med.Coll.of Phila.,1872.
Winslow,Caroline B.,M.D.,Washington,D.C.—Cleve. Hom.Med. Coll. 1856.
Worcester, Samuel, M. D., Burlington, Vt.—Harvard Med. Coll., 1868.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

FIRST DAY.

The Eighteenth Anuual Meeting of the Illinois State Homœopathic Association was held in the Council Chamber, Chicago, May 14, 15, and 16, 1872, President McAffee in the Chair.

Prayer was offered by Rev. C. Day Noble. of Chicago.

The Secretary, J. S. Mitchell, M. D., of Chicago, called the roll and read the minutes of the last annual meeting.

The Corresponding Secretary, T. C. Duncan, M. D., of Chicago, read letters from: W. C. Anthony, Princeton, Bureau county; T. Bacmeister, Toulon, Stark county; R. Welch, Chicago; M. F. Page, Appleton, Wis.; J. M. Evans, Peoria; C. H. Coggswell, Clinton, Iowa; J. A. Vincent, Springfield; Mrs. M. D. Coe, Beloit, Wis.; G. W. Chittenden, Janesville, Wis.; M. M. L. Reed, Jacksonville; E. Parsons, Kewanee; J. Hart Miller, Abingdon; S. J. Bumstead, Pekin; A. R. Bartlett, Aurora; W. D. McAffee, Rockford; J. E. Morrison, Paxton; J. S. Douglas, Milwaukee; T. P. Wilson, Cleveland, H. P. Gatchell, Kenosha.

He also read a lengthy obituary of the late M. D. Cole, M. D., Beloit, Wis.

John Davies, M. D., of Chicago, spoke feelingly of Dr. M. D. Coe, and moved that a committee be appointed to draft obituary resolutions. Carried.

The Chair appointed Drs. Davies, Duncan and Danforth.

PRESIDENT'S ADDRESS.

In response to the call, President E. M. McAffee, M. D., of Mt. Carroll, delivered an address full of valuable practical suggestions, which was received with hearty applause.

Dr. T. C. Duncan moved that a vote of thanks be presented for the excellent address. Carried unanimously.

Dr. Duncan moved that a sufficient number of copies of the address be printed to place one in the hands of every physician in the State. Carried.

The Association assembled at 2 o'clock, P. M.

J. Antis, M. D.; of Morris, read a paper on the "Psychological Impressions on the Fœtus in Utero."

T. C. Duncan, M. D., read a report on Medico-Psychology.

CLIMATOLOGY.

H. Pierce, M. D., of Green Bay, Wis., read a paper on Climatology. During the year ending May, 1872, there was very little rain in his region, aud diarrhœa, dysentery and some ceses of cholera prevailed. Extreme low temperature, he

thought, superinduced spotted fever. He recommended each member to keep a meteorological register.

E. M. Hale, M. D., of Chicago, read an able report on

THE ETIOLOGY OF SUDDEN CARDIAC FAILURE.

After the reading of this report, Dr. Mitchell moved that the following standing resolution be rescinded.

Resolved, That all written reports be presented and read during the first day of the annnal session; that the reading of each report shall be limited to fifteen minutes, and, when read, the report shall be laid on the table for future consideration. Reports requiring more than fifteen minutes for the reading, may be read in synopsis and published entire. Reports not presented during the first day's session, shall be referred to the publishing committee, without reading, except by special vote.

Carried.

Dr. Antis asked Dr. Hale regarding the action of *Veratrum viride* on the heart. Dr. Hale answered that the primary action of that drug was to reduce the force and frequency of the pulsations, and ultimately to cause cardiac paralysis. It was an analogue of *Veratrum album*.

Dr. Davis (not having understood the drift of the paper) asked if Dr. Hale supposed most sudden deaths were from heart-disease.

Dr. Hale replied that he did not think so. On the contrary, he would repeat that the proportion of sudden deaths from cardiac disease, as compared with other causes, were about in the proportion of 3 to 10.

Dr. Mitchell agreed in the main with the views of Dr. Hale. He thought many cases of sudden death were wrongly attributed to heart-disease. Fatty degeneration, he thought, was one of the most frequent causes of sudden death. He instanced several cases which had come under his notice.

W. H. Burt, M. D., of Chicago, read a report on the use of the Rubber Ligature in Surgery, which was referred to the publishing committee.

INFANTILE CONVULSIONS.

Dr. F. H. Van Liew, of Aurora, read a paper on Infantile Convulsions, and their treatment. The remedy was to remove the cause. Vile nursing bottles and rubber nipples were exciting causes, and an ante-natal cause was the unreconciled condition of the mother's mind to maternity. Want of air and light were also causes.

A. E. Small, M.D., of Chicago, being called upon, stated that he had devoted his whole life to medicine, and had treated

many cases of infantile convulsions. He found no two cases alike. Their causes are various. Remedies must be affiliated to each case. In some cases *Veratrum viride* acts well; *Belladonna* when there is flushed face; *Chamomilla* when caused by the irrritation of the teeth; *Hyoscyamus* when from fright.

A. W. Woodward, M. D., of Chicago, asked what Dr. Small's experience with the attenuations was?

Dr. Small.—I seldom use the high potencies; my range is usually from the 3d to the 12th. I have given the 100,000th. I carry, however, a case of 200th's.

L. Pratt, M. D., of Wheaton, in response to inquiry, stated that he used the various potencies in his practice.

W. R. McLaren, M. D., of Oak Park, Ill., had used *Bromide of Potassium* in cases characterized by fullness of the head, with success.

T. L. Merryman, M. D., of Aledo, Ill., reported a case successfully treated with *Borax 200.*

J. S. Mitchell, M. D., was at the present time treating a case of convulsions resulting, he thought, from a peculiar habit the wet nurse of the afflicted child had of using tobacco.

IN MEMORIAM.

H. Pearce, M. D., of Green Bay, presented resolutions of respect to the memory of G. W. Perrine, M. D., of Milwaukee, which were unanimously adopted—the resolutions being carried by the members rising in their seats.

MEDICAL EDUCATION.

A. E. Small, M. D., made a verbal report on Medical Education, stating that the plan he presented to the society one year ago, *i. e.*, that "time" should not longer be considered as a *sine qua non* in the college at the final examinations, and that the studies should be graded, had been substantially adopted by the Hahnemann Medical College of Chicago, and embodied in their announcement of this year.

H. Pearce, M. D., was glad that the standard of education was advanced. Practitioners of medicine should be well educated. The custom of practicing after attendance upon a single spring course of lectures, he denounced in severe terms.

L. Pratt, M. D., thought practitioners should second earnest efforts at reform in medical education. A student should be rejected at the start by the physician whom he sought as preceptor, if he was not fitted for professional life. It was the duty of a physician to frankly tell a young man that he had better choose some other occupation, if, on examination, he found his early education and natural endowments were such

as to almost preclude the possibility of his becoming a good doctor.

R. Ludlam, M. D., said there were two parties to medical education—the preceptor and the college faculty. Both should share the responsibility. Preceptors should keep their students from practicing until their education was completed. Students should contract to stay in office until a diploma was received, and preceptors should oblige them to do so. He always had. Preceptors could prevent their students from practicing more effectively than the faculty of the college they attended. The worst students are generally those who have dabbled a little in practice.

THE FOUNDLINGS.

A communication was received from Geo. E. Shipman, M. D., inviting the Secretary to visit the Foundlings' Home. It was accepted, and 12 M. to-morrow selected as the time of making the visit.

Adjourned till 10 A. M.

SECOND DAY'S SESSION.

The association was called to order at ten A. M., by President McAffee.

The Corresponding Secretary read communications from C. D. Fairbanks, M. D., Ottawa; John Moore, M. D., Quincy, regrets he cannot be present to show "that the law governing hygiene must be individualized the same as in therapeutics. That all changes within the organism have their immediate exciting causes from without, and these are continually changing, requiring corresponding modifications in hygiene." Dr. E. Parsons, of Kewanee, regrets his inability to be present. He does not desire to look upon the burned city.

O. H. Mann, M. D., of Evanston, reported interesting clinical cases. One was a case of needle imbeded in the walls of the heart eleven years. He closed with a severe review of the address of Dr. Watson, delivered at New York, expressing the opinion that the latter was too liberal in his views, and that we should strictly adhere to principles.

TUMOR AND SCIATICA.

W. Danforth, M. D., then gave a report on surgery—a case of submucous fibroid tumor of the uterus, and a case of sciatica, cured by acupuncture.

Dr. Duncan asked if *Colocynth* or *Zinc* had been used in the treatmeat of the case of sciatica spoken of in the paper.

Dr. Danforth said they had, and many other remedies. In fact he might say from a to z, with no effect.

Dr. Mann had cited a case of sciatica, that had had all the remedies, that was cured with the 200th of *Sulphur*.

R. Ludlam asked the potency of steel when acupuncture was employed.

Dr. Danforth had not yet determined that. He believed the needle acted by stimulating the circulation,

Dr. R. Ludlam thought the first case cited by Dr. Danforth should be noticed. A uterine fibroid sub-mucous, attached to the fundus by a broad base was rare. The success of Dr. Danforth was great. His general preference was for the chain rather than wire, but in this case, where the tumor was large, wire was better. Such a case existing, where there had been no previous pregnancy, was rare. They usually occur from changes taking place during or after pregnancy.

CANCER AND CARBOLIC ACID.

A. G. Beebe, M. D., of Chicago, then read an interesting pathological resumé for the year. He laid great stress on the point that all morbid growths are *due to deranged nerve force and cell development. Carbolic acid*, in his opinion, stood high as a remedial agent.

Dr. Danforth was interested in statements made last year, by Dr. G. D. Beebe, with regard to the use of *Carbolic acid* in cases of cancer. Had used it in high and low potencies with no good results in carcinoma. His experience in some half dozen cases did not corroborate that of Dr. Beebe's.

A. G. Beebe, M. D., said the statements of his brother were misunderstood by Dr. Danforth. He did not rely upon *Carbolic acid* to remove the mass. This was effected with the knife, and the acid given to prevent redevelopment. Did not himself believe the acid destroyed the formed cancer cells.

Dr. Danforth wished to put his experience on record.

A. G. Beebe, M. D., said it must be remembered that it was necessary to keep the wound open.

T. C. Duncan, M. D., regarded the remedy dangerous, and one that should be used with caution. It would produce depression and syncope, as he knew by personal experience, and disorganization of cells. For that very reason it was no doubt homœopathic to some cases of cancer, a disease evidently due to lowering of the vitality of the cell, there being just enough to duplicate the neuclei. The cutting, and the action of all the agents used, gets up an inflammation, a plus or over activity of the cell. *Cundurangu* depaesses the system, and produces a most cadaverous odor, and is no doubt homœopathic to many cases, but in those cases big doses kill, while in many cases it is not indicated and useless, as the allopaths have proved. In

cases of cancer the trouble is to select the right remedy, and to handle it skillfully. He believed this disease is as curable as any, taken in time and assisted by diet. He cited cases of evident mammary cancer benefitted by *Carbo 30th.*

The members then visited the Foundling's Home.

AFTERNOON SESSION.

Reports of Delegates.—W. Danforth gave the annual report of the Scammon Hospital.

S. P. Hedges, M. D., representing the Chicago Half Orphan Asylum, then read the annual report of that institution.

T. C. Duncan, M. D., read the annual report of the Chicago Foundling's Home.

W. H. Woodyatt, M. D., oculist, reported from the Foundling's Home and Dispensary.

J. S. Mitchell, M. D., made a report on the growth and prosperity of Hahnemann Medical College.

H. Pearce, M. D., of Green Bay, in behalf of the Wisconsin State Medical Society, stated that it was prospering, would meet the next day, and extended cordial invitation to be present.

Dr. Pearce also reported the condition of homœopathy in Canada.

NEW MEMBERS.

Dr. Van Liew, Chairman of the Board of Censors, reported favorably on the applications for membership of the following, who were admitted: E. A. Ballard, M. D, H. P. Cole, M. D., J. E. Gilman, M. D., T. D. Wadsworth, M. D., Jacob Dale, M. D., Miss Mary J. Safford, M. D., Mrs. C. N. Levanway, M. D., Chas. Adams, M. D., Chicago; L. S. Ordway. M. D., Warren, Ill.; J. A. Vincent, M. D., Springfield, Ill.; E. H. Pratt, M. D., Altoona, Ill.; W. H. Buck, M. D., Woodstock, Ill.; M. M. Eaton, M. D., Peoria, Ill.; J. W. Routh, M. D., Decatur, Ill.; P. E. Johnson, M. D., Alton, Ill.; G. B. Sarchett, M. D., Pana, Ill.; J. R. Kippax, M. D., Wheaton, Ill.; I. W. Johnson, M. D., Peoria, Ill.

URINARY DEPOSITS.

F. A. Lord, M. D., then reported on Urinary Deposits, urging more attention upon this point, and gave some new facts and hints.

Dr. Duncan stated that chylous urine was not spoken of. He believed this anomalous condition due to an excess of chyle or white blood corpuscles in the blood, which percolated into the urine. He also showed Vance's convenient pocket apparatus for examining urine.

CONSUMPTION.

J. S. Mitchell, M. D., reported on the Etiology and Treatment of Phthisis Pulmonalis. The report showed from statistics that during one year, from June 1st, 1871, to June 1st, 1872, the total number of deaths from consumption in the United States had amounted to 49,000, of which 26,000 were females. It was claimed upon reliable authority that no case of consumption resulted from neglected catarrh, but more frequently from colds and vitiated air. All large buildings were poorly ventilated; all base-burning heating apparatus had better be abolished. The Arabs and Bedouins were entirely free from consumption, from their habits of sleeping in the open air. Phthisis was known all over the world, among the Russians, the Laplanders, and even in the tropical climates. The Doctor could not recommend a change of climate In cases of consumption, except in its incipient state. Above certain altitudes phthisis never originated, and therefore the mountains were unquestionably the most healthful for consumptives.

T. C. Duncan, M. D., spoke of the advantages of the use of oleaginous food in cases of phthisis, as furnishing the key to the pathology of this disease, He thought the lymphatic system the one affected. Inflammation, as believed by Neimeyer, might derange the lymphatics, but he believed in the majority of cases the deranged lymphatics accounted for the diseased lung tissue. He thought atrophy of the lymphatics gave miliary tubercles, while hypertrophy gave gray or moist tubercles. In the former oil done good, while in the latter it done harm.

R. Ludlam, M. D., then presented a report on

UTERINE SURGERY VS. UTERINE THERAPEUTICS.

He compared the two, and protested against an implicit reliance upon either of these methods of cure, as there was a proper time for using either medicine or surgery in treating the diseases of women.

W. H. Woodyatt, M. D., said: The subject introduced by Dr. Ludlam is opportune, and worthy of careful consideration. No one can look over the field embraced by the specialties named without observing the decided preference shown by the various authors for surgical appliances. Constitutional medication is almost ignored.

If a diseased organ, or any part of it, can be brought under immediate gaze, or within reach of topieal applications, that seems to be the signal for the entire abandonment of internal treatment. A different conception of pathological conditions has given birth to a new therapia, which is recommended

without regard to the achievements of the past, when *subjective* symptoms chiefly suggest the remedy. This may be natural—an outgrowth of the former state of things, and forming its opposite extreme—but between them there lies a golden mean. This is the point to which the essayist has directed especial attention. Proper surgical interference is wholesome and laudable, but medicine also has its sphere, whose recognition doubly arms us and enables us to combat disease with twice the power.

In the earlier days of aural surgery, if, indeed, it deserves the name, nearly all the diseases of the ear were treated internally, with very indifferent success. The introductions of otoscopes, catheters, air bags, etc., has completely revolutionized this matter, so that to-day local treatment is regarded as the all in all. But a careful comparison of results obtained by local appliances alone, and in combination with well directed internal remedies, will satisfy the investigator of the superiority of the latter mode of procedure. Each does its work and serves as an auxiliary to the other. As, for instance, in chronic catarrh of the tympanii, early involving the eustachian tube. This disease is subject to repeated aggravations, so that mucus is prone to collect in the drum and tube, giving rise to adhesion of the ossicles in the one, and obstruction in the other. The use of the catheter, or politzer's bag, will dislodge this mucus, and greatly improve the case, but the administration, at the same time, of the proper remedy internally, will place the mucous membrane in such a condition that it will not be affected so easily by the influences which render the mechanical appliances necessary, and the improvement will be proportionally more rapid.

The introduction of the laryngoscope has had the effect of establishing an almost exclusive local treatment for throat diseases by the other school. Indeed, it has been said of a prominent specialist in this department, that he takes the ground that any inflammation that can be *touched* can be cured. In our school too many satisfactory results have followed the internal administration of remedies suggested by symptoms alone to permit of their being abandoned or slighted, simply because the workings of the disease are brought directly before the eye. Such a tendency should be checked, and the improved apparatus at our command for the study of pathological conditions be used to establish with more distinctness the exact sphere of action for the internal remedy.

In diseases of the eye the same truth applies. Very few external difficulties receive anything but local treatment, yet it is well known to all present what may be accomplished by internal medication. In some cases, that are regarded as

strictly surgical, such as pterygium, entropium, and ectropium, the response to remedies has been most happy. They will not suffice in every instance, but that they will in some is reason for their being remembered and duly tried. To neglect or overlook them is to disarm ourselves in a combat that requires every weapon at our command.

H. B. Fellows, M. D., said: I quite agree with the idea stated in the paper just read, that there are some disorders of the female organs that should be considered as strictly within the surgical sphere, some in which medicine can, at best, only aid in the cure. And that surgery is called on—relied on in many cases to cure, where proper homœopathic treatment will do better—will be a safer and more certain cure, I am also satisfied.

I also agree with the paper in regarding re-proving of many remedies, as desirable that we may learn more accurately their action on the female genitalia. The more perfectly we know our remedies the less we will be inclined, and the less excuse we will have to resort to surgery in the treatment of female complaints. It would perhaps be impossible, if it was actually necessary, to find such perfectly healthy women that would submit to the examination hinted at by the author of the paper, to prove the remedies, yet much may be learned by new provings, studied by the aid of advanced science. But we need not fold our hands and wait for these new provings, or refer all our cases of this class of disorders to the surgeon. if we will only make the best use of the provings we now have. I was called to a case that will illustrate this point. It was a lady who had suffered for a long time with ulceration of the cervix uteri—so pronounced by the physician who treated her. Also a vulvular fistula had formed. She had been treated by some who claim a considerable reputation as specialists—"womb speculators," as a friend of mine calls them. The treatment had been mostly local, but no improvement manifested itself. I put her upon internal treatment, and improvement soon began, and progressed until she was restored to good health. And although I dismissed the case without an examination to demonstrate occularly that the ulcers had healed, no symptoms have returned yet, now nearly a year since the case was dismissed. This was a homœopathic success where surgery had failed, but a success which ought to have been gained long before, and with the means then on hand. Another case which I prescribed for, but a couple of days previous, was one of dysmenorrhœa in a lady who had been a severe sufferer during her entire menstrual life. A couple of doses of *Sabina* removed all pain in an hour's time, which I was assured had never been accomplished before. She had been treated by homœopathic

physicians before, but they did not make the best use of what we have of materia medica. A failure was charged to homœopathy, which was merely a lack of knowledge on their part.

T. C. Duncan, M. D., thought we could do more with medicine than is deemed possible. He cited a case of dysmenorrhœa relieved with *Sepia*, for which the cervix had been slit up by an eminent gynœcologist, without success. The symptoms that directed his attention to *Sepia* were throbbing occipital headaches, sediment in the urine adhering to the vessel, soft, velvety skin, although a brunette, and the profuse and frequent, as well as painful menstruation.

H. Pearce, M. D., said there were extremes in many cases. Some relied on high potencies, and never gave any attention to surgical means; others relied on surgery alone, when it should have been combined with medication. He suggested that Dr. Ludlam select a committee, from among the lady students who graduated from the college, to prove remedies.

Dr. Duncan exhibitad a large number of instruments, microscopes, etc., sent by Messrs. Bliss and Torry and Lungguth.

Telegraphic congratulations were sent to Ohio Medical Society.

Adjourned until ten o'clock the following day.

THIRD DAY.

Association was called to order at ten A. M., by President McAffee,

H. Pearce, M. D.. moved that when we adjourn, it be to meet the third Tuesday of May, 1873. Carried.

IMPORTANCE OF EXAMINING THE EAR.

W. H. Woodyatt, M. D., read a report on Remote Causes of Disease. Its object was to draw attention to the necessity of examining the ear for the cause of disease located in other parts of the body. A number of cases were given where dizziness, cloudy intellect, epilepsy and stubborn coughs had been cured by the removal of foreign bodies from the ear. Special mention was made of the prevalence of inflammation of the middle ear in infants, as proven by *post mortem* examination, of the close relation existing between the cavity and the brain, and of the fact that many so-called brain troubles should more properly be located in the ear.

PHILOSOPHY OF ANATOMY.

R. N. Foster, M. D., of Chicago, reported on Philosophical Anatomy. He said: The body consists of an assemblage of organs peculiarly located with reference to each other, and that

the anatomical location of the various organs indicated their functional character; in other words, that the rank of an organ was indicated by its place. As an illustration, the body had three great cavities, which contained all of its organs—the abdominal cavity, the thoracic cavity, and the cranial cavity. The first contained the organs of the lowest functions, the digestive, and the merely excretory; the second, the organs of the circulation and final purification of the blood; the third, the high nervous structures, the organs of will, intelligence, sensation, and voluntary motion.

Not only did the high powers of emotion and intelligence overtop all others in the economy of man, but their specific organs overtopped the subservient organs, even in their place in the organism. Moreover, this plan was manifest in detail as well as in general. The stomach is the chief organ in the abdomen, and the highest; the excretory organs are the humblest, and the lowest.

The heart and lungs might be compared to the cerebellum and cerebrum in many respects, being close companions in place and function, and equal in rank.

Men might be classed according to these cavities, as men of the cranial (or nervous) temperament. men of the thoracic or sanguineous temperament, and men of the abdominal temperament. The first had great brain power; the second, great activity and physical vigor; the third, fine digestive capacity. But besides this ascending and descending grade in the whole body, there were other co-ordinate plans manifested in its structure. For example, the body is bi-lateral, having two nearly equal sides, and it is still further bi-terminal, having two similar but opposed ends.

Diseases and medicines were both to be studied with reference to these plans, and many dark points involved would be thereby elucidated. This he illustrated by various examples. He said rheumatism, although it appears in the extremities, has a peculiar affinity for the heart, which is the centre of the sanguineous system. A disease which works from the higher organs to the lower, is pursuing its natural course; and when this takes place the disease is working toward a cure.

VARIOUS REPORTS.

The report of John Davies, M. D., on Observations on Abortion, was referred to the publishing committee.

T. C. Duncan, M. D., offered the report of An Anomalous Case, by the late M. D. Coe, which was received and referred to the publishing committee.

The report of T. C. Duncan, M. D., on Homœopathic Suc-

cess, Statistics, and Dose, was received and referred to the publishing committee.

Dr. Duncan stated that he had received a most interesting case from Dr. E. A. Guilbert, of Dubuque, which was referred with thanks. He also stated he had received a number of copies of transactions of this Society of previous years from Dr. E. A. Guilbert, of Dubuque, one of the founders of this Society.

HONORARY MEMBERS.

Dr. D. S. Smith paid a glowing tribute to Dr. Guilbert, and moved that Dr. E. A. Guilbert, of Dubuque, Iowa, be made an honorary member of this Society.

Dr. R. Ludlam seconded the motion.

Dr. Duncan moved to add the names of H. Pearce, M. D., Green Bay, Wis.; T. P. Wilson, M. D., Cleveland, Ohio; T. F. Pomeroy, M. D., Detroit, Mich.; and Dr. Foote added that of W. H. Watson, M. D., of Utica, N. Y.

In accordance with the rules their election was laid over until the next annual session.

ORGANIZATION.

The Treasurer, E. M. P. Ludlam, M. D., presented a report and called attention to the resolution concerning dues.

G. W. Foote, M. D., from the Committee on Organization, presented a report in favor of a reorganization of the Society on a basis similar to that of the New York State Society, and advocated petitioning the Legislature to publish our proceedings. The report was adopted.

MEDICAL EDUCATION.

H. Pearce, M. D., made a few remarks on the necessity of medical education, and offered the following:

WHEREAS, Certain serious consequences to the interests of medical education and of the profession in general are referable to the too early entrance of medical students upon the duties of general practitioners, without proper authority, before they have qualified themselves by a full course of reading and attendance upon medical lectures; and

WHEREAS, It is believed that preceptors have it in their power to counteract this tendency, and to put a stop to it; therefore,

Resolved, That this Society recommends that in future its membership shall require of those who enter their offices as students, a pledge that they will not engage in the practice of medicine and surgery until they have honorably obtained the diploma of some accredited medical college.

Dr. Pratt moved the adoption of the resolution, and spoke in its favor.

Dr. Ludlam said he was heartily in favor of the resolution.

The resolution was unanimously adopted.

NEW RULES.

Dr. Duncan offered the following, as a standing resolution :

Resolved, That all papers shall not occupy more than twenty minutes in presentation, and as soon as read shall be at once discussed. No speaker shall occupy more than five minutes, and in accordance with parliamentary usage, no one shall speak more than once to the same question ; *provided, always*, that permission to the contrary is not granted.

Adopted.

The following amendments to the Constitution, proposed by Dr. Duncan at the last annual meeting, were then taken up :

1. The Officers shall constitute the Executive Committee, Publication Committee, and Committee of Arrangements. 2. Abolishing the office of Corresponding Secretary. 3. Making provisions for for three days' session at annual meeting. 4. Making provisions for semi-annual sessions throughout the State. 5. Providing for the annual meetings to be held in Chicago. 6. Making provisions for an Orator. 7. That medical committees may be appointed, one member from each Judicial District.

The first, second, third and fifth were adopted ; the fourth, sixth and seventh were, on motion, rejected.

The motion to provide for a semi-annual meeting caused considerable discussion, but was defeated.

The Association then proceeded to the election of officers.

AN INTERESTING CASE.

Dr. A. G. Beebe, of Chicago, presented a very interesting case of the formation of an artificial hip joint to remedy an ankylosis of that joint. He stated that the disease had lasted fourteen years before the operation, and was caused by inflammation of the bone, resulting from the use of *Mercury*. The knee was raised as high as it could well be, and projected directly sidewise. The operation was made by dividing the neck of the femur and bringing the leg down into the proper position. It is now one year since the operation was performed, and the patient has a new joint, which moves quite freely, and allows him to walk without the use of cane or crutch. This operation has been performed but three times before in America, and although this was the most complicated case on record, it promised the most flattering results.

W. Danforth, M. D., complimented Dr. Beebe very highly for the operation, which he said was rarely successful as in this case.

ELECTION OF OFFICERS.

The election of officers resulted as follows :

President—H. Pearce, M. D., Green Bay, Wis.

Vice-Presidents—F. H. Van Liew, M. D., Aurora, Ill. ; A. W. Woodward, M. D., Chicago.

Secretary—T. C. Duncan, M. D., Chicago.
Treasurer—E. M. P. Ludlam, M. D., Chicago.
Censors—L. Pratt, M. D., Wheaton; S. Smith, M. D., Chicago; George W. Foote, M. D., Galesburg; F. H. Van Liew, M. D., Aurora; W. C. Barker, M. D., Waukegan.

REGULAR COMMITTEES.

The committees were appointed by the President as follows:
Anatomy—Drs. S. P. Hedges, Chicago; C. N. Dorion, Chicago; J. R. Kippax, Wheaton.
Physiology—Drs. R. N. Foster, Chicago; E. M. P. Ludlam, Chicago; J. W Streeter, Chicago.
Pathology—Drs. A. W. Woodward, Chicago; M. M. L. Reed, Jacksonville; A. P. Holt, Lindon.
Obstetrics—Drs. F. H. Van Liew, Aurora; J. B. Gully, Geneva; O. H. Mann, Evanston.
Clinical Medicine—Drs. J. S. Mitchell, Chicago; E. M. McAffee, Mt. Carroll; L. E. Ober, Chicago.
Diseases of Women—Drs. R. Ludlam, Chicago; W. D. McAffee, Rockford; Mary J. Safford, Chicago.
Ophthalmology—Drs. W. H. Woodyatt, Chicago; J. E. Gilman, Chicago.
Hygiene—Drs. J. Moore, Quincy; A. E. Small, Jr., Lincoln; Jacob Dal, Chicago.
Materia Medica—Drs. E. M. Hale, W. H. Burt, H. B. Fellows, Chicago.
Climatology—Drs. H. Pearce, Green Bay; J. A. Vincent, Springfield; E. Mussina, Chicago.
Histology—Drs. Chas. Adams, H. P. Cole, Chicago; W. S. Johnson, Hyde Park.
Chemistry—Drs. F. A. Lord, R. Welch, Chicago; M. F. Page, Appleton.
Surgery—Drs. W. Danforth, Chicago; J.C. Burbank, Janesville; L. Pratt, Wheaton; A. G. Beebe, Chicago.
Psychology—Drs. Geo. W. Foote, Galesburg; C. D. Fairbanks, Ottawa; M. M. Eaton, Peoria.
Diseases of Children—Drs. T. C. Duncan, H. N. Small, Chicago; E. H. Pratt, Altoona.
Medical Education—Dr. E. A. Small, Chicago.
Statistics and Necrology—Dr. T. C. Duncan, Chicago.
History—D. D. S. Smith, Chicago.
Organization—Dr. G. W. Foote, Galesburg.
Medical Literature—Dr. R. N. Foster, Chicago.
The Influence of Mental Emotion on Heart Disease—Dr. E. M. Hale, Chicago.

DELEGATES.

The following delegates were appointed:

To American Institute of Homœopathy—Drs. A. E. Small, Chicago; R. Ludlam, Chicago; D. S. Smith, Chicago; H. P. Cole, Chicago; G. W. Foote, Galesburg, Ill.; Mary J. Safford, Chicago; T. C. Duncan, Chicago; H. Pearce, Green Bay; W. D. McAffee, Rockford, Ill.; and W. H. Burt, Chicago.

To Wisconsin State Society—Dr. E. M. Hale, Chicago.

New York State Society—Dr. T. C. Duncan, Chicago.

Pennsylvania State Society—J. E. Gilman, Chicago.

Massachusetts State Society—B. H. Cheney, New Haven, Ct.

Ohio State Society—H. Pearce, Green Bay, Wisconsin.

Michigan State Society—D. S. Smith, Chicago.

Indiana State Society—S. P. Cole, Chicago.

Rhode Island State Society—C. N. Dorion, Chicago.

Connecticut State Society—W. Danforth, Chicago.

Maine State Society—W. D. McAffee, Rockford, Ill.

New Hampshire State Society—T. J. Merryman, Aledo. Ill.

Vermont State Society—E. Parsons, Kewanee, Wis.

Minnesota State Society—L. E. Ober, La Crosse, Wis.

Missouri State Society—A. H. Potter, Maquon, Ill.

Iowa State Society—Drs. E. M. McAffee, Mt. Carroll; L. Pratt, Wheaton; P. W. Wales, Lanark.

California—Dr. E. M. Hale.

Canada Medical Association—Dr. W. H. Woodyatt, Chicago.

German Central Union—Drs. H. P. Cote, Ernest Kniepcke, I. W. Johnson.

British Homœopathic Congress—Drs. S. J. Bumstead, R. Ludlam, J. S. Mitchell, T. C. Duncan.

IN MEMORIAM—DR. COE.

Dr. T. C. Duncan offered the following:

WHEREAS, In the dispensation of Divine Providence, our worthy brother, M. D. Coe, M. D., of Beloit, Wis., has been removed from our midst:

Resolved, That in his death we deplore the loss of a faithful, intelligent, earnest and honored member; a skillful, enthusiastic physician, and a kind, beloved friend. In his death our Society has lost a pillar of strength, medical science an enthusiastic worker, and society a Christian medical friend and adviser.

Resolved, That we deeply sympathize with the widow and three sons in their great bereavement, and extend to them the condolence of the Illinois Homœopathic Medical Association.

Resolved, That these resolutions be entered upon the records of our Society, and that a copy be sent to the family.

The resolutions were adopted.

MISCELLANEOUS.

On motion, all papers not read were referred to the publishing committee.

The committees on legislation and judicial districts were continued.

The Secretary was instructed to fill out the latter committee from among non-members.

The Secretary was ordered to get a new certificate of membership.

A vote of thanks was given to the daily press, and *The Inter-Ocean*, especially, for the reports which were published.

Thanks were also tendered to the city authorities for the use of the Council Chamber, to Messrs. Bliss & Torrey, J. G. Langguth, and to the officers of the Society. After which the Society adjourned till next May.

SCAMMON HOSPITAL.

The members of the Society then accepted an invitation to be present at the laying of the corner-stone of a wing of the new Scammon Hospital. This wing will be substantially built of brick—the dimensions being 30 by 50 feet, two stories high, with a basement; and in connection with the old wooden hospital, to which it is contiguous, will be large enough to meet the demands of the public for a year or two. It will be an amphitheater for surgical operations and clinical labors, and as such will prove of great advantage to the students of Hahnemann College. The new hospital, when completed, will be about the size of Mercy Hospital, and will cost $100,000. The wing, on which work was commenced, will cost $5,000. After depositing the memorial box, addresses were made by Drs. Smith, Small and Welch. A collation closed the ceremonies.

Thus closed one of the best meetings held by the Association.

From report of J. S. MITCHELL, M. D., *Secretary.*

MICHIGAN HOMŒOPATHIC INSTITUTE.

The Michigan Homœopathic Institute assembled at the Hibbard House, Jackson, Mich., July 8, 1872. About 20 members were present when the Institute was called to order. Dr. F. B. Smith, of Owosso, the President, delivered his semi-annual address, which was principally occupied with a review of the history of Homœopathy and of the Society in Michigan.

The minutes of the last meeting at Owosso were then read, when Dr. Covey, of Grand Ledge, moved that all mention of the expulsion of Dr. Burr, for dishonesty, etc., be stricken out. This caused a heated discussion, which was finally ended by

Dr. E. W. Fish, of Ypsilanti, on whose motion further consideration of the matter was postponed.

Drs. Covey and Burch, upon this, presented their resignation as members of the Institute, which were accepted; subsequently, however, they repented of their haste, and came back into the fold.

Drs. J. J. Whitfield, of Grand Rapids, and William J. Bronson, of Jackson, were admitted to membership.

Dr. Bailey, of Lansing, then reported upon the introduction of a single homœopathic professorship into the University, taking strong grounds against it. He thought that one professor in a faculty of allopaths would be but a club in their hands. Students, after graduation, would tell their patrons and friends that they had studied both systems, and were thoroughly convinced that Homœopathy was a humbug. The Ann Arbor school was also essentially the property of the allopaths; they had originated it, and raised it to its present proportions. The school had flourished and prospered under the protection of God for 16 years, despite all opposition from the homœopaths, and the speaker did not think he would desert it now. The better plan, it seemed to him, was for homœopaths to establish a school of their own, through State aid, either at Ann Arbor or elsewhere, with a liberal endowment and large and efficient corps of professors. Better results could be accomplished in this manner than by forcing a single professor into the University. The report was adopted.

Dr. Hunt then read a paper on "The Differential Diagnosis of the Suppression of the Menses," which was followed by one from Dr. Frain, of Lansing, on "Sleep."

Dr. Burr's case was again taken up, and after another excited discussion postponed until 8 o'clock.

Dr. Smith, of Owosso, read a payer on "The Theory of the Action of Homœopathic Remedies," and Dr. Fish one upon "Pharmacy," when the Institute adjourned till 8 o'clock in the evening.

At the opening of the evening session Dr. J. M. Long, of Coldwater, was admitted to membership.

Drs. Fish and Rand made an agreement to undertake the re-proving of *Nux vomica* during the summer.

Dr. Rand then reported upon the policy of admitting physicians of other schools into homœopathic societies, taking strong grounds against it. After a general discussion the report was adopted.

The Secretary made his usual report, which was accepted and adopted.

The following topics for papers to be read at the annual meeting were announced:

"Anatomical Relations of the Blood," Dr. E. W. Fish, Ypsilanti.

"Cerebro-spinal Meningitis," T. Baker, Concord.

"Intermittent Fever," J. R. Hyde, Eaton Rapids.

"Diseases of the Kidneys," J. M. Long, Coldwater.

"Hysteria," A. K. Frain, Lansing.

"Syphilitic Diseases," H. B. Bagley, Marshall.

"Sciatic Rheumatism," Wm. J. Bronson, Jackson.

The motion to strike from the minutes that portion referring to Dr. Burr was taken from the table and lost.

On motion of Dr. Flsh, Dr. Burr was invited to appear at the next meeting of the Institute for a rehearing of his case if he desired it.

The minutes of the Owosso meeting, as read by the Secretary, were then approved, and the meeting adjourned till next day.

The meeting, July 9th, was occupied mainly with business of a miscellaneous nature, lasting only about half an hour, when the Institute adjourned to meet again at Lansing next winter, during the session of the Legislature.

THE BRITISH HOMŒOPATHIC CONGRESS.

The Executive Committee appointed to make the arrangements for holding the next Congress, are, we believe, rapidly approaching the completion of their duties.

The Congress will assemble at York, on Wednesday, the 4th of September. A meeting of the Hahnemann Publishing Soeiety will, we presume, be held, as on similar occasions previously, at nine o'clock. The business of the Congress will commence at ten, with an address from the President, Dr. Francis Black, of Clifton, on *The Attitude of the Members of the Medical Profession towards Homœopathy.* Dr. Sharp, of Rugby, will read a paper on *The Way in which the Action of Drugs is to be Discovered.* In the afternoon Dr. Richard Hughes, of Brighton, will read a paper on *The Treatment of Typhoid Fever;* and Dr. Pyburn, of Hull, one on *The Value of Serpent Poisons in the Treatment of Disease.*

The proceedings of the day will close with a dinner. The Secretaries are Dr. Gibbs Blake, of Birmingham, and Mr. Nankivell, of York, either of whom will be happy to supply intending visitors with any information they may require.

We may also add that the presence of foreign Homœopathic practitioners will be very welcome on this occasion. As York is a city full of objects of the deepest interest, and as it admits of being reached with great ease from all parts of England, we have every reason to anticipate the *reunion* of a great number of medical friends; while from the established reputation of those who have undertaken to read papers, and from the subjects they have selected to discourse on, the thoroughly practical and eminently useful character of the discussions which marked the meetings at Birmingham and Oxford will be fully maintained on the coming occasion.—*Monthly Homœop. Review, July, 1872.*

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-first semi-annual meeting of the Society will be held in the city of Binghamton, Tuesday, August 13, 1872. The morning session will commence at 10 o'clock; the afternoon session at 3 o'clock. Reports will be presented from the following bureaus: Materia Medica, Clinical Medicine, Obstetrics, Gynæcology, Pædology, Surgery, Ophthalmology, Histology, Climatology, Vital Statistics, Vaccination, Medical Education, and Statistics.

This meeting is wholly devoted to the presentation and discussion of subjects pertaining to medical science.

Homœopathic physicians who are unable to be present in February, are particularly requested to attend this meeting.

It is desirable that the profession in all parts of the State be represented. The presence of delegates and others, residing even at remote distances, can be easily secured by means of the numerous and conveniently arranged trains on the Erie Railroad and its connecting branches. *H. M. Paine, Rec. Sec.*

American Observer.

EDWIN A. LODGE, M. D., GENERAL EDITOR.

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TEXAS—ENQUIRIES ANSWERED.

ROCHESTER, MINNESOTA, May 16th, 1872.

DR. E. A. LODGE : *Dear Doctor*—The *Observer* containing account of your "Trip to Texas," came to hand yesterday. I presume that article may give you a good deal of trouble yet—you may have to answer a good many questions from the numerous readers of the *Observer*. It was a very interesting letter to me ; *just what I wanted to know*, so far as it went. I have contemplated removing to Texas, for six months past, on account of "chronic bronchial catarrh," to which persons are so prone in this climate. I can hardly *wait* for the succeeding numbers of the *Observer*, to read the remainder of what you have to tell us about Texas. Give us all the particulars in detail in regard to climate, soil, water, timber, fruit, etc., (we are told they have no fruit there, not even canned fruit.) We are told that

the water is *poor* all over the State—have to depend on cisterns mostly. Is this *true*, or do they have good water by digging wells? We get very conflicting reports in regard to the way *Northern* people are received. Some tell us that there is no society there at all for Northern people, and others that they receive a very cordial welcome when they come to stay and become identified with the interests of the people and country. Please tell in the *Observer* how this is.

Finally, in regard to a location for a homœopathic physician. If it is not *too much trouble*, I wish you would answer a question or two *by letter*, as soon as convenient. Is there any homœopathic physician now located at Austin? If so, is he a *mongrel*, *low-bred*, or a *thorough-bred?* Can you give me his name? What other town did you visit that would be to your mind a desirable location for a homœopath who had practiced some ten years, has a family to support, and compelled on account of health to seek a warm climate? This "hungering and thirsting after warm mountain air and sunshine," which you write of, I can *appreciate* to the fullest extent. My mind has been turned more particularly to Northern Texas, from Austin north to Waco, Dallas, Sherman, Paris and Jefferson. Do you know anything about these towns. If what you write about San Antonio is *true*, they don't *need* any physicians there, homeopathic or any other "faith." "*Only six physicians to 15,000 people.*" Why here at the North that population would give support to *forty physicians.* Let me hear from you *soon* in regard to *locations*, and you will confer a great favor.

Yours very respectfully, * *, M. D.

KENOSHA, WISC., May 17, 1872.

Dear Doctor:—I have just read your interesting sketch of a trip to Texas, and congratulate you on your improved health. Can't you spare two or three days, when you are worn out again, to run over to Kenosha I want you to realize the dfference of air on this side of the lake when far enough from the south end of it. Of course no such change as in going to Texas, but an appreciable one—a more tonic air.

Milwaukee, for two years, has reported but 7½ % mortality from consumption, Chicago only 10 %. The latter about the same as Southern Ohio, Kentucky and Virginia.

With best wishes, H. P. GATCHELL.

Since our return, we have received a large number of enquiries respecting Texas, its climate, etc. The letter of * *, from Minnesota, as printed above, is a fair specimen of the kind of questions propounded, and our reply to this will meet all the others.

We only traveled through Texas from Galveston to San Antonio, 350 miles, passing through Houston, Hempstead, Brenham, Austin, San Marcos, New Braunfels and San Antonio; these are the only towns we visited, and we have no observations to record of other portions of Texas.

RICHNESS OF THE SOIL.

When in Tennessee, Virginia, and Georgia, we could but observe the poverty of the soil. A full-grown ox in North Carolina or Georgia is not much larger than a two-year old of Texas. In Tennessee, Georgia, and other Southern States, you will rarely find a good lawn. At Atlanta, Ga., we noticed several abortive attempts at grass plats. One of our friends had a few acres of clover in front of his house; the plants were nearly a foot apart, and looked sickly. A little better grass was seen about the Governor's residence. The cemeteries looked bare; a few flowers, but very little grass. We were told that the reason why the grasses do not flourish there is the heat of the climate. This is a great mistake, as is shown by the richness of the grasses in Western Texas, which is *further south.* The true reason for the failure of grasses in Georgia, etc., is the poverty of the soil. The only grass we saw in Georgia that appeared to be thriving was on the banks of the Savannah River at Augusta. From Augusta to Atlanta, around Atlanto, from Atlanta north to Tennessee, and in Tennessee for a long distance there appeared to be only an inch or two of whitish sand or mold above the red clay subsoil. In Texas there are as many *feet* of soil—good, rich mold, black or chocolate color—as there are *inches* in middle Georgia. This may appear to be an exaggeration, but it is simply a fact. And this fact finds positive demonstration in the large size and fine condition of the cattle, which are fed on the natural grasses of the common pasturages only, and the large crops which are taken from the lands year after year without fertilizers of any description. The bottom lands will yield 100 bushels of common potatoes; 400 bushels of sweet potatoes (yams); 1 to 2 bales of cotton; 1 to 2 hogsheads of sugar; or 50 to 100 bushels of Indian corn *to the acre.* The

poor farmers of Western North Carolina, Middle Georgia, East Tennessee, etc., will get less than one-fourth as much from the acre, of the crops named, as the Texas settler.

The prairies of Eastern Texas yield a coarse, sedgy sort of grass, like that of our own marshes of the North. On the prairies of Western Texas we found a peculiar grass called *mesquit*, which is very fine, many-jointed, and densely matted. It looks as beautiful as the finest grasses we cultivate for our lawns in the North, and it now covers millions of acres. It came, they say, originally from Mexico, and it is progressing every year over a large extent of territory, and will probably go on until it reaches soil too poor to afford it sustenance. It exterminates the weeds and makes the wilderness like a cultivated domain. Cattle, horses, sheep, goats, etc., eat it with avidity and thrive upon the nutrition it affords. It possesses wonderful vitality ; neither the frost of winter nor the burning heat of summer destroys it. It loves the sunshine, and only droops during the chilling frost.

Texas heat would probably kill the Northern clover. The blue grass of Kentucky is unknown. They appear to need a grass that will make good hây, but for pasturage they have probably the finest grass the world affords, and this over an immense extent of territory.

PRICES OF LANDS

are less in Texas than in the other new States. Good land, *ten cents* an acre to *ten dollars*, according to situation, vicinity of towns, railroads, rivers, etc. Town lots very high priced in proportion to value of farming and grazing lands.

FRUITS AND FLOWERS

are in abundance. The fig will give you a rich repast every day from May to December. If you protect your bananas from the light frosts of winter they will flourish. Orange and lemon trees are rare in the parts we visited, but they could be cultivated with care to a moderate extent. Mulberry trees are wild, and furnish delicious fruit. (Silk worm culture would be as profitable in Texas as in California.) Peach trees do well ; the crop seldom fails, and the fruit is of the finest flavor.

Pears are large and juicy. Grapes of the finest varieties are abundant. Rev. W. J. Joyce, of Texas, says he has seen a single vine grafted on a mustang grape stock which at 20 months age yielded 100 lbs. of mature grapes. Watermelons grow to a prodigious size—50 lbs. each. Plums, wild and cultivated. Nectarines, apricots, olives.

"*No fruits in Texas.*" This statement reminds me of a conversation at Austin with an U.S. officer,who was depreciating the country as much as possible. "They havn't a single strawberry vine in all Texas. What do you think of this for a country? Peaches—no other fruit." We invited him to accompany us on a botanizing excursion, but he preferred to lounge at the entrance of the hotel and smoke his cigar. Within half an hour after leaving him we were invited to a fine garden, and the first noticeable thing was a large bed of fine strawberry vines.

We found several varieties of the palmetto. One plant, *Yucca Gloriosa*, was fifteen feet high, with a stem a foot in diameter; leaves four feet long, sharp pointed; the blossom two feet in height. In the "*Hearth and Home*" of May 25, 1872, page 409, there are excellent illustrations of several species of the Yucca. One *Y. Triculiana* much valued by French horticulturists, was named in honor of M. Trecul, a French botanist. This species is a native of Texas.

It is said that two citizens of San Antonio, Texas, when in London, England, were induced to go a hundred miles to see a century plant in bloom. After paying 5/ admission they were shown a very poor specimen of the Texan *Yucca.*

Texas flowers are rich in color and of the sweetest odors. As we walk in a garden North and tell its owner that the lupins he cultivates look beautiful, but that we have seen them wild in Texas covering several acres in extent, he thinks we may be exaggerating. Near Austin we visited a hillside, not half a mile away looking bluer than a distant mountain; approaching it we were delighted with the richest display of flowers we ever beheld. Acre after acre of the wild lupin in full bloom, the blossoms bending to the breeze and touching each other. Here and there a flower of bright scarlet inter-

mingled—our national colors, red, white and blue, spread out upon a natural carpet that a brigade of soldiers could not cover. We were delighted and gave expression to our joy to a worthy physician, an old Texan. He said, with a sort of surprise at our admiration, "It is worthless stuff—the cattle won't eat it." We put him down as an extreme utilitarian, and praised Him who gave us the feast. It is true the cattle will not eat this flower, yet its common name is buffalo clover.

CLIMATE.

The variations in the temperature of Western Texas, as taken at the Government Hospital in San Antonio, by Fred. Petterson, L. M., for the years 1868, 1869, and 1870, were as follows:

1868	Mean Temperature of the	Spring Months	74° 33.
	do.	do. Summer Months	84° 33.
	do.	do. Autumn Months	71° 33.
	do.	do. Winter Months	54° 66.
	do.	do. Whole Year	71° 16.
	Rain Fall		46:6 in.
1869	Mean Temperature of the	Spring Months	66° 43.
	do.	do. Summer Months	83° 01.
	do.	do. Autumn Months	67° 53.
	do.	do. Winter Months	52° 93.
	do.	do. Whole Year	67° 05.
	Rain Fall		49:03 in.
1870	Mean Temperature of the	Spring Months	68° 07.
	do.	do. Summer Months	83° 43.
	do.	do. Autumn Months	70° 66.
	do.	do. Winter Months	51° 30.
	do.	do. Whole Year	68° 36.
	Rain Fall		35:12 in.

They always have cool, pleasant nights during the hottest Summer months. Ice and snow are rare, and of short duration, even in the northern part of Western Texas.

Northern people are welcomed. In many places water is scarce; the rivers of Western Texas are fed by springs of excellent water. There is a Dr. Cluff, homœopathist, at Austin, who is a reputable practitioner.

Further particulars relative to the climate, etc., etc., of Texas we are obliged to reserve for another occasion. E. A. L.

Book Notices, etc.

The Science and Art of Surgery, embracing Minor and Operative Surgery; compiled from standard Allopathic authorities, and adapted to Homœopathic Therapeutics, by E. C. Franklin, M. D.

Part I. of Vol. II. contains:

Injuries, and Diseases of the Joints.—Sprains, wounds of joints, synovitis, arthritis, dropsy of the joints, white swelling, anchylosis, movable cartilages, coxalgia.

Muscles and Tendons.—Laceration of muscles, rupture of tendons, inflammation of the bursæ, whitlow, toe-nail ulcer, bunion.

Injuries of Regions.—Injuries of the head, cerebral disturbance, injuries to the scalp, wounds of the brain and its membranes, extravasation of blood within the skull, injuries of the spine, injuries of the face, wounds of the neck, wounds of the chest, hernia of the lung, wounds of the heart and large vessels, injuries of the abdomen, injuries of the pelvis, laceration of the perineum.

Affections of the Blood Vessels.—Aneurism.

This part contains 216 octavo pages. Price $2.

Spectrum Analysis: Discoveries showing its application in microscopical research, and to discoveries of the physical constitution and movements of the heavenly bodies, from the works of Schellen, Young, Roscoe, Lockyer, Huggins and others. Boston: Lee & Shepperd. Price 25 cents.

This is No. 4 of "Half-hour Recreations in Popular Science," Dana Estes, editor. It is a finely printed 12mo, brochure of 142 pages, illustrated by a colored lithograph and wood engravings. The other three numbers of the series are devoted to: 1. Strange discoveries respecting the aurora and recent

solar researches. 2. The cranial affinities of man and the ape. 3. Spectrum analysis explained. No. 5 will be on nebulæ, meteoric showers, and comets. An article upon "Unconscious action of the brain, and epidemic delusions, by the Physiologist Carpenter, is promised and will be looked for with interest.

Communings in the Sanctuary, by R. Richardson. Lexington, Ky: Transylvania Printing and Publishing Co; 1872. 16mo, embossed cloth, $1.

Dr. Richardson, of Bethamy, W. Va., presents the Christian wold in these communings a series of devotional meditations on Scriptural topics. They are suitable for every-day thought, but especially adapted to the communion service of the church on the first day of the week. They may have been delivered extemporaneously from week to week, introductory to the Lord's Supper. We have never heard anything more appropriate. Every page is fragrant with love to the Lord who gave himself to the death of the cross that he might give life to his disciples.

As a fair sample of the whole work we reprint:

ART. VII.

"I will ransom them from the power of the grave; I will redeem them from death: O death, I will be thy plagues; O grave, I will be thy destruction."—HOSEA xiii: 14.

The universe consists of the living and the lifeless. The lifeless exists by the living, since all things proceeded originally from the creating power of God. The lifeless exists also, not only *by* the living, but *for* it—for the glory of him who created it—for the use of the living which he has created.

The lifeless can impart no life, since it does not possess it. Everywhere in nature it is the living which imparts life. In vain would we attempt to produce the humblest plant without the seed which incloses within its woody husk the mystery of life. That seed has transmitted from age to age the animated germ formed by the first plant that grew. It is that living archetype alone which has power to appropriate to itself the unorganized elements of material nature, and to evolve the living organization to its just proportions. Yet it is the lifeless which is made on earth the basis and the sustenance of the living. The animal may have fed upon the plant, but the plant has derived its sustenance from the lifeless materials of the inorganic world, and yields, in its own death, those elements to the living.

It is in religion as in nature, not only that the living proceed alone from the living, but that life is sustained by death. The seed that germinates is the word of God that lives and abides forever. It is the Spirit that quickeneth. "As the living Father hath sent me," said Jesus, "and I live by the Father, so he that eateth me, even he shall live by me." Yet this "bread of heaven" is he that *died* that he might give life—this living food is the flesh and blood of a *crucified* Redeemer.

It is here, then, in view of these sacred emblems of the divine philan-

thropy, that we appreciate that strange and solemn truth, as fully verified in respect to the body as the soul, *that we can live by death alone.* Not only do we sustain our animal life by the lifeless forms of once living plants and animals, but even our own corporeal frame itself subsists by its own decay, and, like the light of a lamp, lives by the very waste that tends to destroy it. How well we know, then, that we can live only by that which has *died for us*—by that which has yielded its life for ours! And how admirably the irrevocable arrangements of Nature itself illustrate the no less immutable laws of divine grace!

How like the work of God that Death should bring forth Life! 'Twas he who created the world out of nothing. 'Twas he who brought light out of darkness. How appropriate that he should bring life out of death! This was the work of God. This was the mission of Jesus. He came to abolish death; to destroy, through death, him that had the power of death, and to bring life and incorruptibility to light. How glorious the triumph when the enemy is not merely conquered, but compelled to act as a friend until the hour of his destruction! How inconceivable the power, wisdom, and goodness which can thus reverse extremes and reconcile opposites, educing salvation from ruin, life from death, and incorruptibility from the grave!

Jesus died. He belonged to both the lifeless and the living; and of these great classes must all be members. The living shall become lifeless; again, the lifeless shall become the living. It is the struggle of Life to conquer Death, and this was the combat and the victory of Jesus; and this, too, is the contest, and, through him, the triumph of his people. As the germ, touched by the life-giving light of heaven, struggles through the darkness of the clod and lifts itself aloft toward the skies, so the awakened soul springs up to meet and enjoy the vivifying influences of the Sun of Righteousness. How joyful are his beams! how grateful his invigorating power! how glorious his light of life! How ennobling to contend thus against death, and thus with Jesus to wage a warfare against the powers of darkness! How noble the enterprise which the Christian shall thus achieve, and how vain the triumphs of earth's proudest conquerors when compared with the victory of Life over Death—the rescue of the ransomed from the grave!

Earth's conquerors have fought to live upon the scroll of earthly fame. That moth-eaten scroll contains their names alone! They triumphed by means of death, and pyramids of skulls have been their appropriate monuments; or the cold and lifeless marble, crumbling beneath the touch of Time, and vainly endeavoring to record, by a defaced intaglio, their works of slaughter. Their monuments but record that they have perished, and these monuments shall perish with them! But the monument by which Jesus is here remembered, commemorates the destruction of Death's power, the victory of Life, the conquest of eternal joy and renown. This monument is not a proud mausoleum, a stately obelisk, a sculptured pillar. This loaf, this cup of blessing, these appropriate elements—lifeless, but life-sustaining—speak of Him who became lifeless that we might live by Him. It is in these that faith beholds that celestial manna, that living food, that bread of heaven, which gives life to the world, and sustains the soul amidst the conflict against the powers of death. And these sacred emblems shall continue to publish in every land, and amidst all the nations and tribes of earth, the dying love and life-giving power of Jesus, until death itself is swallowed up in victory.

An American Italy for Invalids: A Dissertation showing the advantages of a Journey on the Plains, in the Rocky Mountains and Mexico, for the cure of all chronic diseases, by R. E. Fullerton, M. D. H. D. Chapin & Co., Chicago, Ill. Price 25 cents.

The author of this brochure is quite enthusiastic when speaking of the benefits to invalids, particularly consumptives, from camp life in a suitable climate. He proposes to spend the summer months in the parks of Colorado, and in the fall to take his train of invalids south to Southern Mexico, there to spend the winter, and return northward with the wild geese in the spring. He states that the mortality from consumption is less than 1 % in Mexico, and that the frequent changes incident to migratory and camp life, dry and pure air, regular exercise, good food, etc., etc., will furnish just the conditions required in chronic ailments.

When Dr. F. speaks of homœopathic medicines in chronic diseases, and of homœopathy as a science, he is evidently speaking of that he does not understand. He confounds homœopathy with isopathy, and makes still worse mistakes, yet we can give him full credit for many excellent observations.

Michigan Journal of Homœopathy, 1848.
Michigan Journal of Homœopathy, 1872.

The first of these journals was very short-lived. The last is the recent incubation of the Faculty of the Detroit Homœopathic College.

When we were asked to assist in this Detroit College scheme as a prospective branch of the University of Michigan, we refused, because there was manifest impropriety in half a dozen persons attempting to make an adjustment of the controversy with the Board of Regents without even the approbation of five per cent. of the homœopathic physicians of the State, and particulary to attempt to appropriate a public interest for the private benefit of those offering to make the settlement.

We were threatened with a combination to destroy our pharmacy and journal, if we would not give our assistance. The first threat they have attempted to carry out, by inducing an allopathic dealer in drugs and patent medicines to keep some homœopathic stock. The journal that is to rival the *Observer* is the fledgling now before us.

Money is begged and *brains* are wanted to help crush us. The result of their efforts, so far, is quickly summed up. *The actual cash receipts of both the Observer and our pharmacy are fifty per cent.* MORE *for the six months of 1872 than they were for the corresponding months of last year.*

Personal Notices, etc.

COOKE.—Since the issue of the circular of the Pulte College, we understand that Dr. N. F. Cooke, of Chicago, Ill., has accepted the chair of *Special Pathology and Diagnosis.*

NICHOL.—Our colleague, Dr. Nichol, writes: "In explanation of the long delay in completing the series of papers on the Respiratory Affections of Childhood, I would say, that it has arisen from the care and toil incident to the establishment of a practice in a city which already had a strong and able garrison of exponents of the similia. But now that victory is organized, I purpose devoting my leisure to the completion of the series; in pathology I will strive to equal the best of the writers of the dominant school, while the therapeutics will be as minute and accurate as possible."

MARITAL.

MCCORT—WITBECK.—At Trinity Church, West Troy, Tuesday, June 13, 1872, by the Rev. John Townsend, P. J. McCort, M. D., of Troy, N Y., to Elizabeth M., daughter of T. M. Witbeck, Esq.

REMOVALS.

JONES.—Dr. W. G. Jones, from Peterson, Iowa, to Albany, Oregon.
WILSON.—Dr. J. H. Wilson, from Kenton to Bellefontaine, Ohio.
GIRAGOSIAN.—Dr. H. Giragosian, from New York City to Smyrna, Turkey.
BABCOCK.—Dr. J. L. BABCOCK, from Augusta to Hallowell, Maine.
HOCKING.—Dr. W. F. Hocking, from Yonkers, N. Y., to Cleveland, Ohio.
FISHER.—Dr. A. L. Fisher, from Shelbyville to Elkhart, Ind.
HALL.—Dr. E. N. Hall, from Phœnixville, Pa., to Waverly, N. Y.

LOCATIONS.

San Antonio, Texas.—Write Dr. Mortimer Slocum, there. He says: "I wish you would find some live homœopathic physician to come here and locate. I believe this to be the finest climate on the continent. This is a city of over 15,000 inhabitants—the second city in the State, and growing rapidly. I am the only homœopathic physician here, and have ceased to practice for several years. I feel confident a good business can be done here by the right kind of a man."

GELSEMIŅUM SEMPERVIRENS.

(Yellow Jessamine.)

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

GELSEMINUM SEMPERVIRENS.*

(Yellow Jessamine.)

ANALOGUES: — *Aconite, Agaricus, Belladonna, Conium, Cimicifuga. Hyosciamus. Chloral, Iberis, Lachnanthes, Opium, Rhus, Stramonium, Solanum.*

OFFICINAL PREPARATIONS:—Tincture of the root; dilutions.

MENTAL SPHERE.

* Dullness of all the mental faculties (primary).
* Anxiety; incoherency of thought, aversion to study. Melancholy and desponding mood.
* Excessive irritability of body and mind (secondary).
o Nervous excitement of hysteric patients.
o Stupid, comatose conditions attending typhoid fever.
o Hysterical conditions in plethoric subjects.

HEAD.

Pain in the head across the forehead.
Excruciating headache, accompanied by slight nausea; pain slightly mitigated by shaking the head.
Pain most frequently in the forehead and temples.
o Band-like pain surrounds the head, with shooting pains in each jaw.
Pain in the head constant, dull, stupefying and pressive.
Head feels light and large, with vertigo.
o Dull, dragging headache, mainly in the occiput, mastoid, and upper cervical region, extending to the shoulders; relieved when sitting by reclining head and shoulders on a high pillow.
o Congestion in children during dentition.
o Nervous headaches, from emotional excitement, etc.

* The correct botanical name of this plant is probably *Gelsemium nitidans*, but I have retained the name by which it was first known to the profession.—*Hale.*

o Hemicrania, with dimness of sight and double vision. *Giddiness, a constant symptom.*
o Headache, extending from the occiput to the os frontis.
o In the morning on rising a dull pain in the head and a slight tendency to throbbing in right side of head.
o A settled, dull, dragging *headache*, mainly in the *occiput*, *mastoid*, and *upper cervical region*, extending to the *shoulders*, relieved when sitting by reclining the head and shoulders on a high pillow.
o Headache, coming on suddenly, with dimness of sight or double vision, with dizziness followed by great heaviness of the head, semi-stupor, dull, heavy expression of the face, great vascular reaction, full pulse, etc.
o Cramp-like pains of drawing or tearing character, aggravated by study or exertion, following fever and ague.
o Headache (neuralgic) after cerebro-spinal meningitis; "a terrible neuralgia, commencing in the upper portion of the spinal cord, proceeding thence gradually through the upper portion of the cerebrum, and terminating in a bursting pain in the forehead and eyeballs, with *aggravation* about 10 A. M., *worse* when lying down, with nausea, vomiting, cold sweat on forehead, and cold feet; vertigo and obscuration of sight on stooping; *a sensation as of a band drawn tightly around the head above the ears, and soreness in scalp and brain;* the vertebræ prominens and cervical vertebræ sensitive to pressure. (Cured by *Gelseminum 200th*, three times a day.)"—*(Dr. C. C. Smith.)*
o A relapse of the same patient, with the additional symptoms, viz.: lameness and stiffness of neck; on waking at night *retraction of head backward*, relieved by bending head *forward;* frequent urging to urinate, with partial loss of power in the sphincter vesicæ; heat in palm of hands and itching all over the body, preventing sleep; after scratching, a raw sore, surrounded with blisters, would appear. (These symptoms were also cured by *Gelseminum 200.*)
o Periodical hemicrania (over one eye).

EYES.

* Great heaviness of the lids; difficulty of opening or keeping them open.
* Fullness and congestion of the lids.
* Diplopia when inclining the head towards the shoulder.
* Misty or glimmering appearance before the eyes.
* Distant objects seemed indistinct as I rode or walked.

* Dilatation of the pupils; amaurosis; diplopia; blindness; dimness of sight.
Sense of sight tardy in following the movements of objects.
* Pain in both eyes, particularly the left, with dimness of sight.
o Inflammation, with great flow of tears at intervals.
Total blindness, with violent dizziness.
o Asthenopia; amaurosis.
Disturbance of the power of accommodation, similar to *Calabar*, *Chloral*, and analagous drugs.

EARS.

* Rushing and roaring in the ears.
* Sudden and temporary loss of hearing.
Digging in the right ear; stitches.
o Neuralgic otalgia.
o Earache from a cold; (internally, also a drop or two on cotton put in the ear).

NOSE.

* Watery discharge from the nose.
* Tingling in the nose; bloody, mucus discharge.
o Colds in the head, with fluent coryza from the nose, hoarseness, cough, soreness of the throat and chest.
o Epistaxis, with suppressed menses.
o Acute coryza, with dull headache and fever.

FACE.

* Erythema of the face and neck.
* Sensation of stiffness in the muscles of the jaws.
o Facial neuralgia, with or without contractions and twitchings of the muscles.
o Orbital neuralgia, periodic, every day at the same hour.
Papulous eruptions of the face.
o Trismus.

MOUTH AND THROAT.

* Stiffness of the jaws; difficulty of opening the mouth.
o Pains of a shooting character in the jaws.
Dryness of the mouth; thickly coated tongue.
* Tongue red, raw, and painful.
* Partial paralysis of the glottis and tongue.
Irritation and soreness of the fauces.
* Paralytic dysphagia.
* Painful sensation of something having lodged in œsophagus.
o Spasmodic sensation and cramp-like pains in œsophagus.
o Œsophagitis (catarrhal), a *not* rare affection.—*(Hale.)*
o Tonsillitis, from acute catarrh.
o Spasmodic affections of the throat.

o Spasmodic croup (catarrhal), with high fever.
Thirst during the sweat, clammy, feverish taste.
Great hunger ; eructation ; nausea.
Yellowish-white coating of the tongue, with fœtid breath.

STOMACH.

* Feeling of emptiness and weakness in the stomach and bowels.
Distension, with pain and nausea.
Rumbling and dull pain in the epigastrium, relieved by expulsion of flatus.
o Sensation of weight in the stomach, with dull pain.

ABDOMEN AND STOOL.

Rumbling and roaring in the abdomen, with emissions of flatus above and below.
Periodical pains in the abdomen, with yellow diarrhœa in the evening.
Bowels loose, but great difficulty to discharge anything.
Severe griping in the lower abdomen, no relief till discharge of large, deeply bilious discharges.
o Slow stool, leaving a sensation of more remaining to be passed, and of abdominal repletion.
o Spasmodic and flatulent colic.
o Acute enteritis (catarrhal), during cold, damp, or hot, damp weather.
o Neuralgia of the intestines, periodic, malarial.
o *Diarrhœa, from exciting emotions ;* sometimes involuntary.
o Diarrhœa of soldiers from mental and moral excitement.
o Dysentery (epidemic), malarial or catarrhal.
o Paralysis of the sphincter ani, with involuntary diarrhœa, the result of nervous excitement or previous inflammation.

LIVER.

Bilious diarrhœa, of the color of green tea (primary).
Jaundice, with prostration, clay-colored stool, etc. (secondary).
Deficient secretion of bile (secondary).
o Passive congestion of the liver, with dimness of sight, vertigo, and fullness of the head.

URINARY ORGANS.

Urine much increased in quantity.
* Frequent urging, with scanty emission, and tenesmus of the bladder.
* Enuresis, from paralysis of the sphincter, in children at night.
o Spasm of the bladder, with alternate dysuria and enuresis.
o Constant, involuntary discharge of urine every 15 minutes.
o Paralytic conditions of the sphincter muscles of the bladder.
o Acute catarrhal conditions of the bladder and uterus.

GENERATIVE ORGANS.

*Female.— * Dysmenorrhœa of a neuralgic or spasmodic character.*

* Cramps in the abdomen and legs during pregnancy.

o Convulsions during pregnancy, with complete unconsciousness.

o Convulsions (apoplectiform) during labor.

o False pains before parturition.

o Rigid os uteri during confinement.

o Menorrhagia (?) (from lack of contractility).

o Inefficient labor-pains from uterine inertia.

Sensation of heaviness in the uterine region, with increased leucorrhœal discharge.

Male.—* Involuntary emission of semen without an erection.

o Seminal weakness from irritability of the seminal vesicles.

o Spermatorrhœa from relaxation and debility.

o *Gonorrhœa*, in the acute stage, with great pain, inflammation, and scanty discharge; (one of the best remedies).—*(Hale.)*

o Suppressed gonorrhœa, with fever, rheumatism, orchitis, etc.; (it will restore the discharge very soon, with abatement of all the other symptoms).—*(Ib.)*

* Sweat of the scrotum, warm.—*(Hoyne.)*

LARYNX AND TRACHEA.

Paroxysms of hoarseness, with dryness of the throat.

Cough from tickling and dry roughness of the fauces.

o Soreness in the chest when coughing.

o Acute catarrhal bronchitis.

o Severe cough; pain in the chest; tenderness in the epigastrium, with vomiting in the paroxysms.

o Spasmodic croup, (laryngisma stridulus).

o Periodic *aphonia;* loss of voice only during the menses; (cured with the 3d dil.)—*(Moyhoffer Diseases of Organs of Respiration, Vol. I.)*

CHEST.

* Constrictive pain around the lower part of the chest.

Paroxysmal pain in the upper part of right lung, when taking a long breath.

o Periodical pains in the pectoral muscles.

Heavy and labored respirations; expirations sudden and forcible.

o Forming stage in pneumonia *(Veratrum v.)*

o Convulsive, spasmodic cough.

o Slow breathing and slow pulse.

HEART.

* Stitching sensation in the region of the heart.
* *Feeling as if the heart would stop beating if she did not move about.*
* Pulse frequent, soft, weak, almost imperceptible.
Fluttering pulse; pulse full, 120; pulse slow and full, or slow and soft.
Sensation as though the blood had ceased to circulate; pulse reduced from 112 to 56 in 12 hours.
Heart's action slow and feeble; the beats of the heart cannot be felt.
The action of the heart and arteries much depressed, with cold hands and feet; chills and pains in the head.
A sensible motion of the heart as though it had attempted its beat, which it failed fully to accomplish, and the pulse then each time intermitted, worse when lying down in bed, especially when lying on the left side.—(*Wells.*)
o Excessive action of the heart from plethora, congestion, neuralgic or rheumatic irritation, or hysterical palpitation.

BACK AND NECK.

Dull, aching pain in back, extending up to the occiput.
Pains in the neck, like those of cerebro-spinal congestion.
o Chilliness and chills running up the back.
o Myalgia of the cervical muscles.
o Congestion of the spinal cord and cerebellum.

UPPER EXTREMITIES.

* Severe pain in both extremities, deep-seated in the muscles.
Severe aching pain in left elbow.
o Rheumatic pains in extremities.
Arms become powerless; loss of voluntary motion.
Coldness of the wrists and hands.

LOWER EXTREMITIES.

* Deep-seated, aching pains in bones and joints of extremities.
* Paroxysmal pain in the lower extremities.
Pains in left foot and ankle, with spasmodic contraction of the toes.
Crampy pains in the lower limbs, worse on motion.
Excessive drawing and contracting pains in gastroc-nemius muscle of the left leg.
Coldness of the extremities, especially the feet, often severe.
Rheumatic pain in the right knee, and left side of the neck.
Paralytic symptoms throughout the entire muscular system.

SKIN.

* Papulous eruption, resembling measles.
Pimples on the forehead and neck.
o *Measles* (one of the best remedies, especially for the catarrhal symptoms.
o Erysipelas, not vesicular or phlegmonous, but a milder variety, with erythema or papular eruption.

SLEEP.

* Disposition to sleep, a sort of *stupor.*
Drowsiness and long, sound sleep.
Unusually sound morning sleep, with difficult, weary waking.
Languor and drowsiness when trying to study.
o Stupor attending the fevers of children.
o Sleeplessness during dentition.
o Sleeplessness from nervous irritation.

FEVER.

* Marked decrease in the frequency of the pulse.
* Chilliness, especially along the back, followed by heat.
* Febrile chilliness, cold extremities, heat of the head and face.
* As soon as the reaction takes place after the chill the pulse rises as much above the normal standard as it was depressed below it.
o Simple fever, without functional disturbance.
o Flushed, crimson face during the fever.
o Remittent fever (infantile or malarial).
o Irritative fever, from abscesses, internal inflammation, etc.
o Intermittents (post typhoids).
o Fevers characterized by severe chill, little shaking, followed by fever.
o *Fever without thirst; wants to lie still and rest; tonsils inflamed, right side.*
Typhoid fever in the first stages.
Scarlet fever, with stupor, and flushed, red face.
o Suppressed intermittents, with general prostration, aching and soreness in the body; "dumb-ague."
o Intermittent fever; malarial, generally *quotidian.*
o Rheumatic fever (especially in muscular rheumatism).
o Intermittent fever (tertian type); pain in the head and pains over the body, when he has no chill; tongue not much coated.
o Intermittent fever (tertian type); fever five hours, very hot, with delirium, jerking of the limbs, violent headache; aching in one leg.

o Intermittent fever (tertian type); no chill; fever at 10 A. M.; great pain in the back and thighs.
o Intermittent fever; chills from fifteen minutes to two hours long, followed by heat, often with sleep one to twelve hours long, and perspiration for some time.
o Fever coming on every evening after supper, which gradually rose, and went off before morning, the patient continuing asleep.
o Typhoid fever in a child of five years; nervous movements every night, like spasms; oscillation of the eyeballs.
o In scarlet fever it determines the eruption to the surface, controls the pulse, calms the nervous erethism, and lessens the cerebral congestion.
o In the forming and inflammatory stage of measles, with chilliness, watery discharge from the nose, etc.
o Rubeola; it seems to prevent chronic catarrhal affections, and bronchitis.
o In all eruptive fevers the *Gelseminum* may be thought of.
o Especially in the eruptive fevers of children when there is a strong tendency to convulsions at or about the time of the appearance of the eruption.

GENERALITIES.

NERVOUS SYSTEM.

Acute, sudden, darting pains, evidently along single nerve branches, in almost any part of the body and limbs, sometimes so sudden and acute as to make me start.
o Neuralgia; absence of organic lesion, with indistinct or double periodicity.
o Hysterical epilepsy, after suppressed menses, lasting an hour or two; so severe was the spasm of the glottis that asphyxia seemed inevitable.
o Epilepsy of ten years' standing, preceded by dull feeling in the head and vertex, and some pain and fullness in the region of medulla oblongata; (marked improvement from the use of *Gelseminum*).
o Tetanus; spasmodic action entirely ceased after the third dose.
Seems strongly indicated in hydrophobia, as it relaxes all the muscles, calms the fury of nervous excitement, relaxes the glottis, and prevents spasms.
o Laryngismus stridulus.
o Coma and apoplexy, sub arachnoid, arising from passive congestion, with nervous exhaustion.
o Hysteria in a lady of 40.

o *Cerebro-spinal meningitis*, ushered in by a severe chill, accompanied by evident congestion of the spine and brain, etc.

o Nervous chills, in which, with shivering and chattering of the teeth, there is no sensation of chilliness.

GLANDULAR SYSTEM.

It first arrests the secretion of glands, and afterwards increases it.

MUSCULAR SYSTEM.

* Intense prostration of the whole muscular system.

o Myalgia from over-exertion, lameness and stiffness for several days.

o *Acute myalgia*, accompanied with fever.

MUCOUS SYSTEM.

* Catarrhal condition of all the mucous membranes, acute, with fever, or chronic when suppressed, and other disturbances appear.

NOTES ON NEW REMEDIES.

BY EDWARD T. BLAKE, M. D., M. R. C. S *

ACTEA RACEMOSA.

My indications for the use of this remedy are mental depression, amounting even to suicidal tendency; vertical headache, epigastric sinking (abdominal sinking, *Bell.)*; infra mammary pain; pains in the lumbar region in women; uterine pressure; irritability of the bladder; rheumatic dysmenorrhœa.

CAULOPHYLLUM THALICTROIDES.

Is, I consider, the best remedy for after-pains, excessive in character or duration. I administer drop doses of the matrix tincture frequently, at the same time applying the remedy to the abdomen in the form of a compress. This medicine meets, like its congeners, *Cocculus* and *Nux*, *spasmodic dysmenorrhœa*. It probably acts more directly than either of those remedies on the uterus, not merely controlling, as they do, reflex spinal

* Monthly Homœopathic Review, July 1, 1872.

irritability; while, on the other hand, Caulophyllum lacks the defined relation to the cervix possessed by Nux vomica.

For dysmenorrhœa I always employ the 1st dec. dilution.

CHELIDONIUM MAJUS, IX.,

I have seen speedily remove pain over the right eye.

COLLINSONIA CANADENSIS,

May be said to find its appropriate sphere in *obstructive dysmenorrhœa*, especially where there are loss of appetite, constipation, piles with or without pruritis; in fact, when pelvic and portal congestion are co-existent.

GELSEMINUM SEMPER VIRENS,

Resembling Cocculus and Nux vomica, in at least one respect, exerts a control over the functions of the uterus by virtue of its remarkable specific relation to the spinal cord. It reacts on the womb through its reflex sensibilities, like Belladonna, but without the additional marked uterine sympathies of that drug.

Whilst Hamamelis meets *passive* uterine congestion, Gelseminum will probably prove an invaluable ally in combating the active form.

I give it in recent amaurosis, in "blind headaches" and sleeplessness, in erysipelas and scarlatina.

HAMAMELIS VIRGINICA.

The pathological relations of this drug are summed up in two words, viz., *passive congestion.*

The recorded instances of its successful use are confined, I believe, to passive congestion of the skin and mucous tracts; thus it differs from Belladonna, Nux and Arnica, so useful for a congested condition of internal organs.

I have seen it act well on the mucous membrane lining the fauces, rectum and uterus.

In a very severe case of angioleucitis, where the surface of the abdomen was covered wirh distended lymphatic sacculi filled with amber fluid, and varying in size from a pin's head to a Spanish nut, the symptoms yielded to the 1st dec. dil. of Hamamelis, with a local application of the same drug on hot flannels.

This condition occurred in a lady who had miscarried during typhoid fever; there were reasons for supposing subinvolution of the uterus to be present.

The inguinal glands were tender and much enlarged.

I cannot decide whether Hamamelis bears a more specific relation to the veins, like Pulsatilla, or the lymphatics, like Mercurius.

This drug affords great relief as a topical application in the "blue" stage of chilblains.

It will cure *recent*, but not in my hands *chronic*, varicocele; and it is useful in beginning the treatment of that bête noir of dispensatory practice—varicose ulcer.

I commenced my treatment of white-leg with Aconite, then I gave Hamamelis, and lastly Pulsatilla or Sulphur.

I can support the testimony of Dr. Dyce Brown as to the efficacy of this remedy in uterine "draining." I have never employed a higher potency than the first decimal.

IRIS VERSICOLOR

Is certainly an excellent agent in the treatment of "bilious headache." I have now seen three extremely intractable cases, of five, eleven aud thirty years' duration respectively, yield to this medicine. In each case the patient was of the female sex.

The 1st and 2nd decimal dilutions were employed.

PODOPHYLLUM PELTATUM

Is useful in the jaundice of children when the conventional remedies have failed.

In a case of prolapsus ani, complicated with, and probably sequential to, uterine displacement, this remedy effected a cure of the anal symptoms. I have seen a sharp cathartic effect produced by the 3x.

ROBINIA PSEUDO-ACACIA.

I have seen helpful in dyspepsia, manifesting itself at night and preventing sleep. I use the Ix.

RUMEX CRISPUS

Is a most useful remedy in that protean symptom, "cough."

It greatly relieved a dry cough, in a medical friend, commencing at 2 A. M.

A useful indication for Rumex is "clavicular pain." This is borne out by the proving: "Raw pain just under each clavicle while hawking mucus out of the throat."

SANGUINARIA CANADENSIS,

In the 2nd decimal dilution, gave much assistance in the removal of sub-acute pulmonary congestion in a lady of florid complexion and full habit of body, aged 50. This patient was much troubled with general flushings.

For chronic basic congestion I usually depend on Sulphur, but that remedy, in various dilutions, had, like many others, signally failed in the above case before administering the Sanguinaria.

In a lady, aged 47, of the spare habit so frequently seen in the subjects of cardiac disease, who suffered from tracheal irritation, apparently secondary to the heart affection, and in whom slight hæmoptysis occasionally supervened, *Sanguinaria* gave decided relief to the tracheal symptoms.

SENECIO GRACILIS

Is useful in *anæmic dysmenorrhœa*, especially when the strumous habit is present. Senecio symptoms, like those of Sulphur and Mercury, are aggravated during the night.

STICTA PULMONARIA AND S. SYLVATICA

Have a similar sphere of action. Sticta is of great service in dry and noisy coughs.

I have seen it relieve in the spasmodic stage of whooping cough, when the classic Drosera (high and low) had proved a failure. It is sometimes markedly successful in diminishing the reflex laryngeal irritability of the early stage of tuberculisation. Both provers of Sticta experienced frontal headache, and the drug has proved curative in cough with headache. but apparently of a rheumatic character, whilst that of Sticta, like Belladonna and Nux, appears to be more of the nature of gravedo.

NITRATE OF URANIUM.

I have seen arrest nocturnal enuresis in an albuminuriac, in the Ix trit.

Since the issue of Part II. of the *Hahnemann Materia Medica*, I have confirmed, in another case, its value in gastric ulceration.

XANTHOXYLUM FRAXINEUM

Is indicated in *neuralgae dysmenorrhœa* by the presence of pain along the course of genito-crural nerve. Spare habit, nervous temperament, and delicate organization, seem more particularly to call for this remedy.

GERANIUM MACULATUM.

(Cranes-bill.)

ANALOGUES:—*Gallic acid, Tannic acid, Hamamelis, Plumbum, Rhatanhia, Rheum.*

OFFICINAL PREPARATIONS:—Tincture or trituration of the root.

[The tincture should be made with water and alcohol, equal parts. It contains 136 grs. of Tannic acid and 120 grs. of Gallic acid in 7,000 grs. of the root.]

(No provings.)

- o Abnormal discharges from mucous surfaces, after the inflammation has subsided.
- o Catarrhal organs; (used topically).
- o Intestinal catarrh, chronic; (internally).
- o Leucorrhœa, vaginal; (topically).
- o Hæmorrhagia from ulcerated surfaces.
- o Gonorrhœa and gleet; (as an injection).
- o Diabetes and Bright's disease.
- o Aphthous stomatitis and mercurial salivation.
- o All morbid fluxes connected with relaxation and debility.—*(Rafinesque.)*
- o Hæmorrhage from the kidneys; equal to Gallic acid.—*(Hale.)*
- o Catarrhal secretion, profuse, from the mucous membrane of the fauces and posterior nares.
- o Chronic diarrhœa and dysentery.

[When used for the above-named conditions it must be used in material doses, generally topically as well as internally, because the drug would cause such disease by its secondary action. Its (opposite) primary effects would call for the high attenuations.—*Hale.*]

Pathology and Microscopy.

PROFS. D. A. COLTON, M.D., AND SAMUEL A. JONES, M.D., EDITORS.

DE PROFUNDIS.

"The immediate publication of a 'full and complete Homœopathic Materia Medica,' urged by the Homeopathic Medical Society of Maine, and referred to our Bureau for consideration, is a subject of such importance, and is so intimately connected with the matter of a more thorough and correct proving of medicines, upon whlch we are already instructed to report at the next meeting, we deem it advisable to make no recommendation at this time.

"The labor and expense of gathering all of our present provings together in several large volumes, would be very great, and in our judgment should be deferred until we consider fully the praticability of a re-proving of our remedies, under conditions and in ways calculated to separate more completely the genuine from the spurious, the characteristic from the common, in our vast collection of drug symptoms."

Supplemental Report, Bureau of Materia Medica, Am. Inst. Homœopathy.

With all deference to the committee which made this report, I must say it never came from a hungry belly. It has all the mellifluous smoothness of a post-prandial cigar-and-coffee chat, —it is not the stern, incisive staccato of famishing men. Some of this committee, after years of endeavor, and through a bank-account which poor *Impransus* lacks, have gotten on their groaning shelves that widely-scattered literature which contains "all of our present provings." In the fulness of their plenty they forget our want; with protruding navel and loosened belt, one may have a keen nose for fly-specks on the crust. But while they smack greasy lips over a *pate de foie gras*, how very many of their own guild lack even plebian, vulgar "tripe."

In the years when the famine-cry from stricken Ireland smote the ears of our people, did the relief committees set apart a year to consider dietetics, cook-house niceties, and the adulteration of food?

The facts of the case are that to-day the homeopathic school does not afford to every student the means of studying its

boasted materia medica. Hull's Jahr, in an edition whose title-page is disgraced with the name of a renegade as its editor, is the work which meets the largest sale; is the one to which the majority of American homeopaths turn for a knowledge of materia medica.

Yet we have in our serial literature many contributors who are forever insisting upon the practice of "pure homeopathy," —a practice which can rest upon only our intimate knowledge of the materia medica.

We also hear continual wailings over the increase of mongrelism; and there are curses loud and deep for those who dip unholy hands into the flesh-pots of Egypt in an earnest endeavor to eke out their means of treating disease.

We are, as a school, the veriest set of shams that ever strutted in God's sunlight, for were we in our very hearts convinced of the truth of our system, could we so neglect the source of all our truth—the simple secret of our strength?

If it is so hard to get out a full materia medica; if "the labor and expense of gathering all of our present provings together" is so "very great," when may we expect that re-proving" to be done, that "more thorough and *correct* proving," that splendid separation of "the genuine from the spurious, the characteristic from the common"? Oh, we have grown so much since Hahnemann died that we look down upon such pigmies as he and his provers. We are so much more industrious than were they. We *can* tell wheat from chaff. We will show HIM how to distinguish the "characteristic from the common."

Pity it is that even *Platina* won't help these unhappy talkers, though it be strongly indicated.

Meanwhile this question arises: In a few years we have grown from tens to hundreds, and from hundreds to thousands, and this despite every effort of a most unscrupulous and powerful enemy; and this, too, not from any special favor shown us, but because we have *done* for the sick that which only homœpathy can do; and the inspiration by which we have accomplished this *doing* was drawn from these same imperfect provings, these chaff-heaps which are now so sore an affliction

to our scientific eyes. Now for the question: Do those who damn this Hahnemannian dust-heap; those who are capable of making "more perfect provings," who can intuitively "separate the characteristic from the common," do they excel in the practice of our art; do their results even equal those obtained by the credulous *ignorami* who had only Hahnemann's imperfect and fallacious provings.

It is time this farce was ended. Give the student *now* such a materia medica as we have. Let it be collected from the nooks and crannies, from the "out of print" works, from the journals inacessible to all but the fortunate few; from the three hundred and odd volumes which the student has not the means —though he may have the yearning—to buy.

Nor must we wait for the American Institute to do this. Two dozen earnest men will have it done while the Committee of the Institute are smelling for fly-specks in the proving of *Asafœtida.* And the men who do this can so arrange matters as to include in an appendix—issued when needed—all later provings. Then can every student and practitioner study our materia medica; then if they turn to Egypt's flesh-pots, the shame will be theirs, and not—*as now*—ours.

When shall this work begin? There is no hurry. We are a school growing daily in public favor; our rights are being recognized in court and in cabinet. We are a school proudly and polemically distinctive in its therapeutics, and we glory in the fact that through *indolence, niggardliness of purse and of heart, pride of opinion, petty jealousy and schismatic hate, we stand before the world* AVOWEDLY WITHOUT AN ACCESSIBLE MATERIA MEDICA.

The Surgeon General is collecting our literature for the National Library. Let it then go upon record, that in this year of grace, A. D. 1872, there is not one homœopathic medical college in the whole world in whose library the matriculant can study every proving of our boasted "remedies"—that in our very arsenals we have not the means to instruct in the use of our weaponry.

How many will join hands, sinking all differences, and work until this stain is removed?

S. A. J.

MICROCYTHÆMIA.

'De la Microcythemie,' par MM. Vanlair et Masius, Professeurs à l'Université de Liège, Bruxelles, 1871.

Mycrocythæmia, a Morbid Condition of the Blood hitherto undescribed. By Professors VANLAIR *and* MASIUS.*

In this memoir the authors designate by the name of "microcythæmia" a disease of which they believe the principal character to consist in a special alteration of the blood, morphologically expressed by the presence of an enormous number of red corpuscles different from the ordinary red corpuscles. To these they assign the name "microcytes," from their small size, and the name *microcythæmia* is formed on the model of *leucocythemia*. The observation of one case furnished the authors with the chief groundwork of their paper, and we shall follow them in prefixing a short relation of it to our summary of the memoir.

A young married lady, after the birth of a child, began to suffer from the following symptoms: Pain in the splenic region, cardialgia, painful vomiting, general jaundice and constipation. No gall-stones, fæces not pale. In addition, great weakness and gradual enlargement of the spleen. Subsequently, aphonia without labial or laryngeal paralysis, followed by incomplete loss of power in, first, upper, then lower, limbs. The jaundice gradually disappeared. The paralysis was more marked in upper than lower limbs, and was accompanied by atrophy, with occasional intense pain. There was no sign of want of co-ordinating power. The jaundice and most of the symptoms improved, but the paralysis and muscular atrophy increased.

The most remarkable change was, however, in the blood.

The blood was examined four times; once immediately after venesection, the other times some hours after, but having been carefully preserved in hermetically sealed tubes. A considerable quantity was obtained by deep incisions and scarifications.

The macroscopic appearance of blood was quite natural, as was also its coagulation.

Microscopically, it presented the following appearances:—The white corpuscles slightly less numerous than ordinarily the case, and none exceeding .01mm. in size.

The red corpuscles also natural in color, size (.006 to .008mm.), and shape. They some of them formed rouleaux,

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* We reprint this suggestive paper from the July number of the *Quar. Journal of Microscopical Science.*

others became spinous, The plasma was colorless. However, in the meshes of the irregular net-work formed by the rouleaux were seen a large number of the bodies which the authors call "microcytes." They are characterized, not only by their small size, but also by certain peculiar properties.

Their *shape* is perfectly spherical, and their surface perfectly smooth, even when examined with very high powers. Their *diameter* is, in the immense majority of cases, .004mm., perhaps one in a hundred rather smaller, but they never fall below .003mm. The *color* is the same as that of the red corpuscles, but, perhaps, a little darker. They are highly refracting, and thus contrast with the ordinary discs. They do not agglomerate like the ordinary corpuscles, but remain isolated between the masses of the latter. They are extremely mobile, being easily displaced by the smallest movement of the cover glass. As to their *nature*, these bodies are certainly not themselves nuclei, and do not contain nuclei. Their *number* was found, in the earlier observations made, to be at least equal to that of the ordinary red discs. In later observations, the number of *microcytes* was greatly in excess. At the last examination, indeed, there were found to be not more than one or two normal red corpuscles to a hundred microcytes.

Besides the typical form of microcytes just described, there were found certain intermediate forms; for instance, some were as large as .005mm. in diameter, with some appearance of a central depression and without the brilliancy of the microcytes; these were seen especially at the commencement of the disease. Others, again, were as brilliant as the ordinary form, but measured .005mm. in diameter. These were chiefly seen at the last examination of the blood.

In general, no alteration was observed in the blood while under observation, but once only, on the last occasion when the blood was examined, the number of spherical globules visibly increased, but those spherical bodies formed out of the discoid were always rather larger than the previously existing microcytes. After maceration for two days no rouleaux are seen, and most of the discoid corpuscles become spherical, but they may still be distinguished from the microcytes. The action of heat on the microcytes is similar to the effect it produces on the red discs; in both cases segmentation occurs, but less readily in the microcytes than in the ordinary discs. Distilled water has no effect on their form or size, but slowly decolorizes them. Acetic acid and dilute solution of potash dissolve the spherical as they do the discoid corpuscles. The urine showed no special abnormality beyond a large quantity of uric acid.

The subsequent history of the patient is remarkable. About a year after the disease had reached its climax, nearly two years after its commencement, a marked improvement took place in all the symptoms, and on examination of the blood, it was found to contain not a single microcyte, the red and white corpuscles being normal, and present in normal proportions, the only noticeable fact being that the red corpuscles were rather small.

Analyzing the morbid phenomena presented by this case, the authors first discuss the *enlargement of the spleen.* This was clearly not due to amyloid degeneration, since this did not show itself in any other organ; nor was it the hypertrophy which is accompanied by leukæmia, the latter symptom being absent. It was equally distinct from the enlargement due to intermittent fever, and from the temporary swelling observed in typhoid or other febrile affections; in fact, it appeared to be an affection *sui generis.*

The same might be said to be true of the enlargement and subsequent atrophy of the liver, this being not referable to any of the ordinary causes of atrophy of this gland.

As to the small globules seen in the blood of this patient, they were decidedly different from the ordinary red globules—first, in their smaller size; secondly, in their spherical shape. Bodies somewhat similar have been seen by various observers. Lehmann first noticed that the red globules of the portal vein were smaller and more spherical than those of other parts of the circulatory system, and unusually resistant to the action of water and acetic acid. Funke saw similar globules in the splenic vein. Max Schultze described red globules smaller than the ordinary ones, and of spherical shape, either crenated or granular, from the blood of several persons; and this observation was confirmed by Klebs, who described also some small spherical globules, having a uniform surface; none of these observations, however, precisely accords with that of the authors. Schultze was unable to decide with perfect certainty whether the globules observed by him were pre-existent in the blood, or altered after removal from the vessels. The authors have, however, been able to determine positively that their 'microcytes" existed as such in the blood.

The distinctive characters of microcytes are summed up as follows:—Perfectly spherical form, remarkable permanence of shape, power of resistance to re-agents, constant isolation in the field of the microscope, excessive refractive power, smallness and uniformity of size. In attempting to define their physiological nature two suggestions are made—that they may

be transitional forms between the white and the red globules, or that they may be a stage in the retrograde metamorphosis of the red globules. The former supposition is obviously untenable, since forms intermediate between white and red corpuscles are known, and are different from microcytes ; and it seems, therefore, more probable that microcytes are atrophic forms, that is to say, red corpuscles which are in course of destruction, the more so as the artificial destruction of red corpuscles by heat, pressure, or desiccation, produces very analagous forms. Thus the white corpuscles would come to represent the infancy of the blood-elements, the red corpuscles their adult stage, and microcytes the period of old age.

The cause of so grave an alteration of the red corpuscles remains still obscure, but the spleen and liver both suggest themselves as possible seats of the change. Among many conflicting opinions as to the functions of the spleen, several authorities agree in attributing to it a destructive action on the red globules, while a more general consensus of opinion ascribes the same function to the liver. The theory which the authors found upon the case observed by them is as follows :—That the spleen, though not destroying the red corpuscles, alters them and prepares them for destruction, converts them, that is to say, into microcytes, which are further destroyed in the liver, though in neither place does the change affect more than a small proportion of the corpuscles.

Supposing that the spleen should undergo hypertrophy, and its action on the blood-corpuscles be proportionally intensified, the number of microcytes sent into the circulation by the splenic vein will be proportionally increased ; and this increase will be greater still if there should be a simultaneous atrophy, that is to say, diminished action of the liver, which would thus destroy a smaller number of microcytes. The proportion of these in the blood might then become quite enormous. This theory is thought to explain more simply than any other the fact that the composition of the blood remains almost unaltered after the extirpation of the spleen. If, normally, the only action of the spleen on the blood is to produce microcytes, and the normal function of the liver be to destroy them, while the latter organ remains sound, the blood will not betray by its composition whether the number of microcytes found be large, small, or actually none at all ; that is to say, whether the action of the spleen be vigorous, feeble, or *nil*.

The authors have made numerous researches on the blood of men and animals to test the truth of their views.

In human blood they find that a very small number of

microcytes are often present in a state of health, but that their existence is not constant.

In various diseases they have found a few microcytes, as, for instance, in typhoid fever, in puerperal fever of a pyæmic character, in one case of acute rheumatism, and in acute pneumonia; among chronic diseases, in cirrhosis of the liver and constitutional syphilis; but the number was always inconsiderable.

Observations on the blood of animals showed that, while birds and frogs had no microcytes, they were found normally in mammalia (especially the rabbit and the guinea-pig) in the blood of the splenic vein, except when the animal was killed fasting, while they were constantly absent in the blood of the hepatic vein. These facts are the main support of the theory that microcytes are formed in the spleen and destroyed in the liver.

The authors further analyze the remaining symptoms presented by the case which forms the ground-work of their treatise. The jaundice they believe to have been hæmatogenic, only owing to the presence in the blood, not of bile-pigment, but of a substance derived from the blood—the *hæmapheic* icterus of Gübler. The urine was also found to contain in excess various substances which might be derived from retrograde metamorphosis or oxidation of blood-corpuscles. The paralysis they believe to have been due to affection of the nerve-centres.

The simultaneous occurrence of these various symptoms the authors believe to be attributable to no known disease, and hence they feel themselves justified in regarding *microcythæmia* as a true morbid entity. Further, they have the record of a precisely similar train of symptoms having occurred previously to a sister of their patient, although in that case, which was fatal, nothing was known of the state of the blood.

[No one now doubts the existence of leucocythæmia, and the question naturally arises, why may not an analagous condition obtain in the red corpuscles?

An objection to the paper of our authors will be that only one case has been observed, but on the 19th of March, 1845, Prof. Bennett made his discovery of leucocythæmia from the single instance of the man "laboring under hypertrophy of the spleen and liver," who had died under Prof. Christison's care. To be sure, on this occasion Dr. Cragie gave emphasis to Bennett's observations by affirming that four years previously he

had met a similar case, and in which Dr. John Reid had found that the blood "contained globules of purulent matter and lymph." And, further, only six weeks after Bennett had published, Virchow followed with similar observations. Analogy, then, would lead us to readily accept this "discovery" of Professors Vanlair and Masius.

But the recent *fiasco* of Lostorfer, of Vienna, in regard to the so-called syyhilis-corpuscles, will call out a skepticism which, after all, may depend more upon prudence than philosophy. Let us not forget, then, that Lostorfer neglected to examine healthy blood as well as that of avowedly syphilitic patients, and that it was the making of such comparative researches which enabled Prof. Wedl to demolish Lostorfer's "discovery," and singe Skoda, Hebra, and even Stricker, with irony, Our authors have been too painstaking to make such an omission; the blood of man—both in health and disease—and that of animals, has been subjected to careful scrutiny: indeed, they seem rather to have sought to explain an objective fact than to build a theory. Yet the interpretation of such a condition as "microcythæmia," necessitates a theory, and it is in view of this felt necessity that we must not allow their *speculations* in regard to the spleen and the liver to cast doubt upon that objective fact, the *microcyte.* This has been seen, somewhat closely examined, and certain anatomical, chemical and optical peculiarities noted as pertaining to it. It is, perhaps the latest pathological x submitted to us for the determination of its value. Our authors have so described it that all may recognize it, and with the attention due to so important a matter, not much time can elapse before observers will have established the microcyte as a product, positive under certain conditions, or else as an aberration subject to no fixed derangement.

Of the theory based upon this case that the spleen prepares the red corpuscles for destruction in the liver, the limited knowledge of the physiology of the blood makes it presumptuous to judge. The English reviewer says: "Among many conflicting opinions as to the function of the spleen, several authorities agree in attributing to it a destructive action on the red globules, while a more general consensus of opinion ascribes

the same function to the liver." This only shows, either how little we have advanced, or else how correct were the observers of the past century, for this view of the function of the spleen was advanced in Hewson's time,* though not accepted by him.

In estimating our authors' researches, we must not forget that they make no mention of some of the latest contributions to the literature of blood-genesis. Neumann's views in regard to "The Significance of the Marrow of the Bones in the Formation of the Blood," (Archiv. der Héilkunde, Vol. X., 1869, p. 68, *et seq.,)* so far as we know, are not mentioned; and if Neumann's blood-genetic localities were not considered by Professors Vanlair and Masius, their retrospect is simply incomplete, and may give both spleen and liver an over-importance.

The mention of Neumann recalls the following: " * * we have been amused and perhaps annoyed by elaborate descriptions of the transformations of nuclei into cells, and white blood cells into pus-cells or corpuscles, and into red blood corpuscles in the marrow of the bones."

We quote from a paper on the "Physiological Significance of the Simple or Tripartite Cell," *(Transactions American Institute of Homœopathy, 1871, p. 180).* How the author of this paper, as a scientific observer, could afford to be either "*amused*" or "*annoyed*" by Neumann's researches is a query to us, for we do know that his only knowledge of these researches is derived from a brief mention made of them to him by us in a letter. He has neither read Neumann's paper, nor any abstract or review thereof, and both his *amusement* and his *annoyance* are, to say the least, unphilosophical.

One may not evolve the *physiological significance* of any cell, as the German philosopher did his description of the elephant — out of his inner consciousness. If the attempt be made, the only result that can be is such a paper as is that from which we have quoted this cheap sneer at a man who chose to make his researches in the dead-house rather than the library.

**W. Hewson's Works, p. 284.* Sydenham Society, London, 1846.

More reading, more acquaintance with what has been and is being done, some actual looking with a microscope, would have saved the *American Institute* from publishing in 1871 views which belong to the *history* of Histology as it was in 1852. All the intervening research is ignored; the results obtained by Beale, Max Schultze, Haeckel and Huxley go for nought, while the bantling which was washed and dressed by Schwann in 1839, has its hair combed and its shoes tied, and is introduced as the cell of to-day! S. A. J.

TARANTULA AND SOME OF ITS VERIFICATIONS.

The prayer of every one who puts his thoughts into type should be: Let me not be misunderstood.

One who is earnest in his thought counts not on, because he thinks not of, the plaudit of the crowd. That all should acquiesce with him will not be expected. That the diversity of minds will make differences is a certainty upon which depends all progress. But that his thought should be understood is a yearning common to all. It finds its root not in self-conceit. It is the offspring of principles of justice which are inherent in all of woman born.

To feel this desire indicates a sense of responsibility, without which no one who thinks should dare approach the press.

We are led to make these remarks by having received many letters from physicians who deem us "down on Tarantula," as one has expressed it. We even find this *down-on-Tarantula* feeling ascribed to us by one whose scholarship and industry we both honor and envy: "We trust that we have shown that even from Nunez's proving Tarantula is *good for something else than nervous disorders.*"—*N. A. Jour.*, Vol. xx., p. 580.

We objected to the English translation of Nunez's proving; but Dr. Lilienthal's reply obliges us to transfer to the translator a condemnation which in our previous remarks we had given wholly to Nunez. "The provings and THE REFERENCES FROM THE DIFFERENT AUTHORITIES are in Dr. Terry's pos-

session (a book of 400 pages), and to save time and space (we gave you *fifty-eight mortal pages*) they were omitted, for which omission we ask Dr. ——'s pardon."—*Loc. cit.*

The *small caps* are ours, and they give emphasis to our objections. When a remedy is endowed with citizenship in our Materia Medica its character must be above and beyond suspicion. Here, then, the all-important credentials are avowedly withheld. In those *hard times* when the *chronic diseases* could be published only through the most rare gratitude of a cured patient, "time and space" were not spared. Can we, then, afford to leave out that which the master in all his poverty would not omit?

These references are the more imperatively demanded in that Tarantula is not above and beyond suspicion. This proving has been challenged once; it will be challenged by every physician who has studied the history of Tarantism. Ignorance can make a coward bold, while knowing what to fear will make a brave man falter. The honestly-prudent physician who has not access to that "book of about 400 pages," will want to know the *whence* of every symptom of this proving. He may have read the Middle Age record of Tarantism, and might differ with Nunez in estimating testimony.

In this relation we cannot too urgently advise the reading of Hecker's *Epidemics of the Middle Ages.* It is a wholesome volume for all, and it is especially indicated in cases of chronic homœopathic credulity. Many of those who are testifying to the virtues of Tarantula will get some hints (in regard to "nervous" phenomena) of which our serial literature shows a sore need.

We ask our fellow-physicians to wipe the dust from their spectacles, and by re-reading our "severe criticism," find in it an antagonism which spent itself upon a vicious proving—not on the drug.

"*Tarantula Hispaniola* undoubtedly deserves a legitimate proving; that it lacks just this is our only objection."* Thus

* One of the best provings we have."—*C. Hg., Record of Hom. Lit., p. 41, 1871. De Gustibus, &c.* That with C. Hg's knowledge we might have a truer *taste* is disagreeably probable.

wrote we in our first paper, and if the *references* did not exist in Dr. Terry's 400-page-book, we should repeat the words now. To us, who can't read the original, the objection is still valid, for we are obliged to accept the *mortal pages* on trust, and our mulish *Kopf* does its cure-work on the "no trust" system, so far as possible.

Trusting that our position is now understood, we will glance at the testimony submitted to establish the validity of this Nunez proving. In this birdseye review we omit Dr. Howard's three cases, because it isn't his funeral at all. We are, also, on the best of terms with the *Mygale Cubanensis*; our "muss" is solely with Joh. Nunez and "one of the best provings we have."

Of the cases published in the *N. A. Jour.*, twenty-five in all, *minus* Dr. Howard's cases, *twenty-three*, we find the choreic element in Nos. v., vi., vii., ix., x., xi., xii., xiv., xvi., xix., xx., xxiv., xxv. That is, out of twenty-two "testimonials" *thirteen* are of the very class wherein Tarantula traditions would lead one to employ the spider. "We would not," said the *severe criticism*, "accept *five per cent.* of all the testimony which, based on this 'proving,' could be offered in regard to its efficacy in chorea and in hysteria."

Is the Nemesis at work accumulating evidence on the very point to which critical temerity demurred? Let us look.

Chorea is a disorder markedly peculiar to the period of evolution. Dentition and puberty are its chief epochs. For a period reaching from the development of the teeth to the complete assumption of virility, the organism is as completely conditioned for its obtainment as is the tinder for the spark. Its pathology is *terra incognita*. Dr. Hughlings Jackson, who has advanced the latest view, "believes that the corpus striatum and the convolutions near this body are especially at fault in chorea, and that plugging of the minute vessels supplying the corpus striatum is the immediate cause of the disease." On this Dr. Radcliffe remarks, "The opinion of so careful and clever an observer is very deserving of attention, but as yet the clinical facts are wanting which are necessary to give the theory a firm foundation."

Its relations to rheumatism are not determined.

"Nothing at all special has to be noted under the head of causes, either remote or immediate."

In regard to its duration the general consensus of evidence is that it shall cease spontaneously after six weeks, and as general an opinion is that "cures" occurring after this period are only to be dubiously ascribed to medicine.

It is not so much a disease as a disorder,—one which as yet we must regard as purely functional, and more than all, it is a confessedly *self-limited* disorder.

Taking it all in all it is a poor field from which to glean statistical evidence. These and many like considerations demand that, in reporting such cases, the physician must endeavor by preciseness and fullness of detail to avoid the fallacy which lies in wait for him.

In estimating the cases translated in the *N. A. Jour.* we shall insist upon another requirement, namely, that the symptomatology of each case shall contain the indications which define Tarantula as the remedy. To assume that a remedy has "cured" because it was given, is not permitted in our practice. From the *a priori* of the parallelism of disease and of drug symptoms we derive our confidence in the result. But to prove the homœopathicity of a remedy by the results obtained at the bedside is a foundered logic, which our science demands that we shall reject.

Tried by this test, then, we may at once cast out every one of these cases. They contain no special indications. A diagnosis or a name is prescribed for, and this, often, after other remedies have been found ineffectual.

"This patient has chorea. Tarantula is *good for* chorea. "℞. Tarantula 200. cht. iv. Cured." Must we, too, eat the chaff of Old Physic? Are we not commanded to leave all this behind when we make our exodus from Egypt?

We contend that the cases cited to establish a "proving" must be such as point to the remedy by their possession of symptomatic peculiarities, which are also peculiar to the remedy; and we submit that to accept the cases now cited as evidence of the anti-chronic power of Tarantula is a barefaced begging of the question. The phenomena of Tarantism

would suggest to any owner of a "box and book" that this spider must be "good for" St. Vitus' dance. To accept the results achieved under the inspiration of such an indication is a proceeding which can be characteristic of only a "box and book" practice.

In being asked, then, to accept clinical testimony, we have the right to insist that it shall be of the highest order; that the practitioner shall have noted every feature; that we are asked to grant nothing. And we affirm that in establishing the character of a remedy in any self-limited disorder it is necsssary that recent cases are submitted, and that the drug "cure" shall take place in less time than does the "cure" by self-limitation. We acknowledge that the test is rigid, but will anything less indisputably establish the absolute efficacy of Tarantula in chorea?

In cases v., xvi., xx., the duration of the disorder is not stated, and the omission vitiates the testimony. Case vii., the "cure" coincides with the time of spontaneous cessation. Clinical value *nil.* Case xxiv. Ill one month. Medicine given: four powders at five-day intervals. "Disease is gradually subsiding since the fourth powder has been taken." Ten days after she had taken the last powder, "three-fourths of the disease had disappeared." Two more doses of Tarantula "completed the cure!" One month of disease and one of treatment.

En passant this extract "from the book in the dispensary of Dr. Nunez" has by no means exalted our opinion of the place or the practice. Would our wide-awake Homœop. Hospital College at Cleveland award its prize for such a clinical report? We do not design to insult the college by asking the question; we only desire to contrast their students' work with some foreign doctors' work.

Case vi. "Cured" in 14 days. Whole duration five weeks. "No appearance of catamenia," says the record—case of no value, because no record of subsequent condition is noticed. Of all slippery things the ante-catamenial perturbations are chief. This patient should have continued under observation to give the case any positive value.

Cases xii.. xvi., xx., have the *better-at-night* and *when quiet* modality. Case x., on the contrary, has the Tarantula aggravation *at night, during rest, in bed.* A most *convincing* discrepancy, because so easily explained by the primary and secondary action solve-all!

Case ix. Affliction comes "at the end of every summer." As constitutional conditions never alter in the least, the possibility of a natural change, *sans* medicine, occurring in any of the nine months' intervals is not to be entertained for a moment. "Therefore," says Dr. Gaudy, "about the end of December she was completely cured, consequently *the disease destroyed,* and it has not reappeared since." To an M. D. who to-day recognizes "disease" as an entity to be "destroyed," we have nothing to say. He is not even "up" in what Hahnemann taught; and probably his ignorance of the philosophy of disease is only equaled by his knowledge of its history.

Thus far Tarantula has had only Quixotic wind-mill fights with chorea. Some may, indeed, be satisfied with the cases cited—the patients had chorea; Tarantula was given; the chorea ceased. Pity, kind friends, the poor imbecile who is still unconvinced.

Dr. Farrington's "mite" commands more respect. He believes that "a thorough study of the provings cannot but exhibit how beautifully each several part harmonizes with the other; a sure test of the truth of the whole." Will he, then, resolve one of our difficulties, to wit: The proving leads us to regard Tarantula as a neurotic. Exaltation of nerve function is one of its marked characteristics. This *quasi* exaltation is debility—nerve debility. When we observe such nerve conditions *as disease* the aggravation is notedly in the forenoon. In the afternoon, evening, and at night such a patient is at his or her very best. How, then, will the doctor explain the Tarantula aggravation—"in the afternoon, sunset, and night?"

This modality is characteristic of inflammatory conditions—here we have a blood *plus* from vasomotor paresis. Do we find this status to obtain in Tarantula? Its convulsive movements do not suggest congested nerve-centres, for Kussmaul

and Tenner found convulsion to depend upon regional anæmia —not hyperæmia.

We are well aware that physiology lags in the rear; that pathogenesy offers many a problem which she cannot solve; but the discrepancy, the contradiction between this Tarantula modality and a well-known pathological fact led us to falter in accepting this proving.

Again, in *this* Tarantula, putting the hands into cold water aggravates, while those bitten by the Apulian spider obtained a marked relief from so doing. The results of the Apulian spider-poison were markedly day phenomena; this Spanish proving brings both day and night phenomena, if we are to judge from its use in chorea. In true Tarantism music invariably set the bitten one in motion; but Dr. Candido Valdes' patient "remained quiet so long as she could hear the hornpipe." (Case xvi.)

[Dr. F.'s hypothesis in explanation of "symptoms 655, &c.," will receive attention on another occasion.]

As a last instance let us look at Case xxv.—*Intermittent fever with choreic convulsions.* Poor Dr. Firmat undoubtedly meant well, and did his best, *according to his light.* He gave Ignatia 12, then Tarantula 12, which produced *the homœopathic aggravation.* He finally "ordered two doses of Tarantula 200 to take every third day. *The cure was perfect.*" Why? Because of the Tarantula, says Dr. Frimat, honest homœopath as he is, and hosts of equally honest and zealous homœopaths agree with him, and wish no good to the doubting critic. All this while one who had observed disease as very few can observe, had written: "Fever supervening in a case of confirmed spasm, or of tetanus, removes the disease."* Alas for Ignatia 12, and *all the spiders!* Alas, too, for the besetting weakness of our school! We have cultivated our symptom appetite until it has become a disease. We swallow the *a priori* of a proving without a question, and the *a posteriori* of a "case" without a qualm. Our worst enemies are in our own ranks—the un-

* Hippocrates, axiom 57, sec. iv. Don't read the *axioms.* They are *allopathic!*

happy victims of this *pica;* and it was from knowing of them and of their disease that we draw our pen against the English translation of Tarantula.

Meanwhile, do not misunderstand the critic's animus. He has before him now Tarantula 4th, 30th, 50th, 100th, 150th, and 200th. In his poor way he will try it so fairly as he may, and some day submit his testimony to his betters.

He, too, welcomes every addition to our materia medica; he only asks that it shall come in through the gate and not over the wall. S. A. JONES.

P. S.—Of all the published *verifications* one has especially "fetched us," as witness: "*Tarantula.*—We can speak of the value of this agent in a case of chronic cystitis, due to inordinate use of the cerebellum in a man whose hobby was dancing. * * Netted us just $20 cash."—*Investigator, vol. ix., p. 284.* Alas, Ah Sin, *sans* the pigtail, sprang up in Chicago, and we, too, "are ruined by Chinese cheap labor!" Was not this a purely cerebellum job on the part of physician as well as patient? But we have taken heart again, for when we have only a name of a disease and the remedy given we do not propose to gulp the *ergo* on even an editor's say-so.

This same editor has qualms about the new edition of the *New Remedies.* "No one can tell where the symptoms come from," is his sad regret; yet Tarantula *minus* the where-the-symptoms-come-from "netted" our editorial Pecksniff "just $20 cash."

"For ways that are dark, and for tricks that are vain," &c.

SYMPTOMATOLOGY OF WORMS.

"A man with a pale face but fair *embonpoint* presents himself, complaining of dull headache, not limited to any particular region of the cranium, but perhaps more marked in the frontal region than elsewhere. This headache does not offer any marked exacerbations or remissions, but is almost constant, and sufficiently severe without being excruciating to render life, if not a burden, at least unhappy. Giddiness is so severe

that he often staggers about like one intoxicated, and when this symptom is present in a less degree there is still almost continuously a sense of confusion and insecurity which renders walking a serious effort, The ears are affected with a constant buzzing and a great variety of noises, described sometimes as being like that produced by the boiling of a tea-kettle, sometimes like the letting off of steam from a boiler, not rarely like the rumbling of thunder. The acuteness of the sense of hearing is at the same time unimpaired. His vision is dull. Fine webs seem to be constantly before the eyes, so that every object wears a hazy aspect; at other times dark spots or brilliant flashes obstruct vision."

From an analysis of fifty cases Dr. Heslop deems the above to present "the phenomena of a typical case of verminous disorder."

"The verminous diathesis is indicated by a pale puffy face, a vacant look, dilated pupils, pallid mucous membranes, and engorged cervical glands; the abdomen in such children is prominent, digestion is difficult, constipation and diarrhœa alternate, and the intellect is ill-developed."

Let us finish this scissor-work with a "note" for the second edition of Lord's *Intermittent Fever*. In considering "the influence of intestinal worms on the course of malarious fever," Dr. Laval deduces the following conclusions: "1. That intestinal worms only produce intermittent symptoms when the patient is under the influence of malaria. 2. They form a grave complication. 3. Quinine is not of decided efficacy until the worms have been expelled."

The ascaris lumbricaides was the species present in Laval's cases. Santonine was given with good effects.

How about Cina in "fever 'n agey!" Will the Quinine brigade "arm and equip" with this anti-periodic vermifuge? Next summer with Quin., Sulph., Arsenic and Santonine (both bowers and the ace), a feeble hand should give them the game. Many of 'em were euchered last summer. CARL MÜLLER.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

RETAINED PLACENTA.

Compressed Sponge the remedy for the spontaneous expulsion of the retained placenta after abortion.

BY DR. EDWIN KREIS.

Although there is not the same necessity for the immediate removal of the placenta in abortion as in ordinary labor, still the rule holds good that interference is necessary as soon as hemorrhage sets in, and a neglect of this rule may cost the life of the patient, as the following case will show:

A physician's wife, who had already given birth to four children, had an abortion in the fourth month of her pregnancy, with all the symptoms of metritis. When Prof. Spiegelberg saw her he found the uterus perfectly closed, the remnant of the thin flabby cord hung out from the cervix, the placenta could not be felt, no hemorrhage. The following days passed without any disturbance, patient felt better, hardly any putrid discharge. Although expecting that the placenta might be eliminated by detritus, still the danger of hemorrhage was kept in view, and strict orders given to be sent for whenever the least sign of a bloody discharge would set in. The advice was not heeded. During the night of the sixth day hemorrhage set in, and a physician being close by, put a tampon in the vagina; but as the hemorrhage still increased Prof. Spiegelberg was called. He found her with cold extremities, the pulse couid hardly be counted; extreme debility. In the centre of the tampon the greatest part of the placenta was found, the smaller part still firmly held at the orificium internum. The excessive debility forbid the forced removal of the smaller

part, and after removing the larger part, the whole canal was firmly tamponed, which stopped the hemorrhage. At 11 A.M. the tampon and the remnant of the placenta, and a pretty large coagulum were removed together, but the patient died the same evening with all the symptoms of extreme anæmia.

Spiegelberg's sound advice, *to force the expulsion of the placenta as soon as the least symptom of hemorrhage shows itself*, deserves our full consideration, and for that purpose there is no better means and at the same time so mild and unirritating than the compressed sponge. It dilates mechanically the passage of the os internum, produces strong contractions, and acts also as a hæmostatic. One or two good sized sponges suffice, and whenever any one fears hemorrhage during his absence, he may put a tampon in the vagina below the sponge.

A woman had aborted three weeks ago, but the placenta was still in the uterus. As hemorrhage threatened again, a sponge tent, five cm. long and one ctm. thick was introduced through the internal os, which stopped the hemorrhage; half an hour after its introduction severe labor-pains set in, worse the woman declared than she ever suffered during all her former labors. As some bloody discharge reappeared after half an hour, the tent was removed with the placenta resting loosely on it.

In the clinic of Prof. Spiegelberg this treatment is steadily adhered to, and the danger from hemorrhagic anæmia thus averted.—*B. K. W., No. 26, 1872.*

GUARANA.

In the British Medical Journal of April 20, 1872, Dr. Samuel Wilks, of Guy's Hospital, recommended *Guarana* (the roasted, pressed, and pulverized seeds of *Paullinia sorbilis*) for severe attacks of sick headache, especially as several American physicians praise this preparation in that obstinate disease.

Among some physicians of our school the Paullinia sorbilis enjoyed for years a high reputation in migræne, especially in weakly, nervous patients. It has done us this summer also

excellent service in cases of infantile diarrhœa æstiva, where the stools were watery, green, profuse, but *perfectly inodorous*. This last was the keynote, and it usually brought on a healthy reaction, so that remedies which, though indicated, were inefficacious, now acted promptly. In Brazil it is a well-known remedy in chronic diarrhœa and dysentery. We refer our readers to vol. vi., p. 125 of the North American Journal of Homœopathy for some notes on Paullinia.

THE RELATIONS OF PREGNANCY TO DISEASES OF THE HEART.

BY DR. MICHEL PETER.

Dr. Peter observed in two women during the fifth month of pregnancy pulmonary congestion, leading to hæmoptysis and œdema pulmonum. The cause of this might be that at the fifth month the volume of the fœtus becomes large enough and its wants considerable enough, so that the quantity of blood, necessary for its existence, is proportionately increased. In consequence thereof the labor of the maternal heart will be increased at the time when we are able to listen to the sounds of the fœtal heart.

Another question is, how does pregnancy affect diseased hearts? The affection will be twofold: 1. Because the whole quantity of the blood is increased through pregnancy. 2. Because the left ventricle becomes hypertrophied.

Nobody will say that, when the quantity of blood necessary for the nutrition and growth of the fœtus does not circulate in the totality of the aortal system of the mother (as through the enormously distended art. uterin and utero-ovarialis it will be diverted towards the child). The blood which served to make blood for the fœtus, circulates in its totality in the art. pulm. Hence for the vascular system of the lungs a considerable pressure, a necessary congestion. Thus the hypertrophy of heart, especially of the left ventricle, is a well-known consequence of pregnancy, and hence the danger of pregnancy

for women suffering from cardiac diseases, especially from pulmonary circulatory disturbances. Mitral insufficiency must be aggravated under the influence of energetic contractions of the ventricle, as the blood under increased pressure runs back through the opening in the left ventricle. Thus gradually stagnation of blood takes place in the whole pulmonary vascular system, and the accidents to the lungs, which in pregnant women with sound hearts never pass certain limits, become a source of danger in diseased hearts. Bronchial hemorrhage is therefore easily met in pregnant women suffering from heart disease. Passive stasis predisposes to bronchitis, and this easily and quickly becomes general, and capillary in such a general hyperæmic stasis. Should such a bronchitis become a little more extensive and severer in degree, œdema pulmonum will be the consequence, and should any vessels be torn, hæmoptysis will complicate it.

But the heart suffers a little with the lungs. Its weariness increases (irregular beat of the heart), and valvular diseases are aggravated.

Pregnant women, suffering from heart disease, ought to be therefore on their guard, so that suitable means could be immediately employed, and nursing must be strictly forbidden.—*L'Union, xxvi., 24, p. 278.*

CHRONIC ENDOCARDITIS.

Prof. Lebert remarks that chronic endocarditis with valvular obstruction is more frequently seen in girls than boys during the second half of childhood. It develops itself mostly as a disease of the mitral valve, frequently without giving any trouble except when caused by acute articular rheumatism and chorea ; puberty gives a favorable influence by moderating the circulatory disturbances, though some cases end fatally shortly before or soon after puberty. Innate diseases of the right heart are rarely observed, the cause of death was once only stenosis adnata of the aorta in the region of the ductus botalli. Wherever compressatory disturbances can be demonstrated,

Lebert dissuades from marriage, as pregnancy and puerperium increase such disturbances, and a valvular endocarditis may set in during the second half of pregnancy or during puerperium, becoming fatal through metrophlebetis and septicæmia.—*Arch. f. Gynæcul., III., 1.*

ECZEMA—TREATMENT WITH TAR—MORBUS BRIGHTII—AN OBSERVATION.

BY DR. KIRCHHEIM.

Although Hebra and his disciples deny the doctrine of metastasis in cutaneous diseases, still even Niemeyer warns for energetic treatment of some eczemata.

K. G., a healthy young soldier, entered the hospital Nov. 19, 1870. He had been troubled for a month by a moist eruption, which had fully developed itself on the exterior side of all extremities. Local treatment with bathing, inunctions of cod-liver oil, and finally of the Ungu. diachyl., dried the eruption up, so that there was only an eczema squamosum left. For its removal the local application of tar appeared to be indicated, and I painted therefore the affected parts with a mixture of Ol. Cadin. and Glycerine āā, and allowed the tar to dry in. So far his general health had been perfectly good, but after the Tar had been energetically applied on three successive days, disturbances in his general health set in. He vomited several times, complains of great nausea and severe headache, with perfect loss of appetite, and pain in urinating, no fever, pulse full and quiet, the scanty urine dark-colored and muddy. The application of Tar was therefore left off, the skin cleansed by soap and water, and diuretics and diaphoretics given internally. But instead of the expected amelioration, serous transudations appeared on the skin, especially on the trunk, and the scanty urine contained large quantities of albumen. The severe continued pains over the whole lumbar region made a diagnosis of nephritis albuminosa clear. Anasarca now increased over the whole body, and two weeks later a most terrible paroxysm of œdema pulmonum set in, so that we nearly despaired of his life. A few doses of Flores Benzoes removed the danger, the severe dyspnœa diminished, and

expectoration became more free. As diuresis increased, the œdemata receded, but respiration remained hurried and labored. He now took every day a hot bath, followed by a pack in woolen blankets. Thus under temporary ameliorations and aggravations a few more weeks passed, when a pneumonia of the right upper lobe brought him again to the brink of the grave. Gradually resorption took place, and reconvalescence set in, with the disappearance of the œdemata; the urine became normal by degrees, the gastric symptoms finally left him, and we put him therefore on iron and quinine to brace up his weakened constitution. The eczema by that time was also gone and did not return.—*B. K. W., May, 1872.*

REPLY TO BEWILDERED HOMŒOPATH.

My dear Lodge:—You may tell your "Bewildered Homœopath" that others also complain of the manifold discrepancies in Gross' Comparative Materia Medica; Gross contradicts himself over and over, which any one can find out by comparing the same remedy on different pages. The work needs careful weeding out to make it a sure guide, and reliance can only be placed on Hahnemann's Materia Medica Pura and Chronic Diseases, *without any abbreviations whatever.* So much for Gross; but your homœopathic friend is surely still in the wilderness, when primary and secondary effects of medicines are chaff to him. Why, the merest tyro in allopathic materia medica knows them, after studying the effects of Calomel, Opium, Rheum, the Bromides and hosts of others. And for us, who strictly individualize the primary and secondary symptoms of the patient, as well as of the remedy, there is certainly some wheat in these alternate effects, and not all chaff.

SILICEA.

But to return to Silicea. Any person with a repulsive, putrid, bitter, slimy taste will have a loathing for food, especially warm food, and above all, soups will be very disagreeable. Such a person desires only *cold raw* things. There may be a sensation of hunger, though, as the stomach is *weak and inactive* from the action of the gastric juice (acidity, eructations, gastralgia, and colicky pains), even a piece of bread sets better on this miserable stomach than meat, which he cannot digest. This weakness and inactivity goes through the whole intestinal canal, as the symptoms clearly show. Dunham is therefore right, and Gross wrong. S. L.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

OSTEOMALACIA(?).

BY H. M. BRODRICK, M. D., DECATUR, MICH.

Was called on Jan. 2d, 1871, to see Lizzie H., aged 10; found her in bed, unable to raise either foot, or the right arm, or to turn over. She was lying partly on her right side, with a pillow under the left arm, which was flexed on the breast; the left shoulder was considerably elevated, while the right was depressed. The spine was curved in the cervical region, the convexity being posterior; the seventh cervical vertebra was the most prominent part. There was also a curvature of the dorsal bones, with the concavity behind, and a lateral one of the same bones, with the convex portion towards the left side. Her right arm was thrown behind her, lying in the concavity of the dorsal region. Her mother informed me that about two years before she had complained at times of a pain in the seventh cervical vertebræ, and sometimes lower down the spine; she was easily wearied, and often complained of pains in the lower extremities. This grew from bad to worse. Her mother was obliged, when she went to bed, to hold her hands on opposite sides of her body, in order to relieve the pains she experienced in the spine and right side, then sleep would ensue, provided she was not in a state of excitement; if so, morphia had to be resorted to. She had no appetite; was generally very restless and irritable; her bowels were constipated; her face was a milky white, and her countenance hippocratic. She had been given up by three of the best allopathic physicians of our vicinity, who all prognosed death within three or six months, that it was impossible for her ever to be any better, that no man living could make her live longer than six months at the farthest. A Spiritualist obtained a piece of her hair to *sleep on*, or to show his spiritual monitors—he claims to be the pet of the spirits, not of "the just made perfect," but of five old "*injuns*," unknown to all but himself—in order to get their opinion of the advisability of his taking the case; but as he never mentioned it afterwards, we are led to infer they thought the case hopeless, and advised him not to meddle with it.

Then Homœopathy, "God's best gift to man," was consulted, not with any idea of cure, but to give her all the chances of life there were. I prognosed relief, and told them she would not die yet awhile. Her mother

looked at me as if she thought me crazy to think of such a thing, for she had her mind fully made up there was no help this side of the grave. I told her one week's medication would convince her I was right, and the following will show how near right I was.

I gave her *Cal. carb. 3*, a powder to be taken every six hours. On the 9th her father called at my office for "some more powders," as the little girl appeared somewhat better. Jan. 17th called to see her; found her sitting up in bed with the aid of pillows, but was obliged to take her morphia every evening to get any rest at all. Ordered the discontinuance of it unless it was absolutely necessary. Continued *Cal. carb. 3*, and gave six pellets (No. 25) of *Coffea cruda 1st* every hour for three hours before bedtime. Feb. 4th, her father called again for more medicine, and to tell me she was improving all the time; was obliged to give morphia but twice since I ordered its discontinuance; continued *Cal. carb.* and *Coffea*. Feb. 25th visited her, at which time she met me at the gate, and was able to walk all about the house and yard; but she had a constant habit of putting her arm behind her and pulling over the left side of her dress, "to help her walk," as she expressed it. When she sat down her arm was in the same place, with her hand on the chair supporting some of her weight, or else it was in front of her, and with her elbow on her knee she would rest her head on her hand. I gave the same remedies again.

March 11th, met her half a mile from home, walking to a neighbor's. She did not complain of any pain, had a good appetite, and looked altogether differently. She was growing more fleshy, had a good color in her face, and could run and jump quite smartly. She is now and has been since the last date mentioned, taking an occasional dose of *Calcarea*, but does not require any Morphia, as sleep is obtained naturally. If she becomes very tired or excited, through the day, a dose or two of the *Coffea* has the desired effect. She has lately cut two teeth, which are white as pearl, while the others are nearly black and rapidly decaying. She still has the curvatures of the spine, but they are less than formerly.

I often see her now. She is all the time improving, and being of a nervous temperament, it is next to impossible to keep her still. She can walk without any support, and does not pull at her dress; can ride five or ten miles without being more than ordinarily tired. Her deformity is not so bad, neither is the left shoulder much above the other.

Now what was the trouble? I pronounce it Osteomalacia, caused by the want of lime in the bones, and no means of supplying that want, as the water they used is very soft, so much so as to be used for washing purposes as well as rain-water. Has any one a different diagnosis? Will she outgrow the deformity?

ANGINA PECTORIS.

BY S. MILLS FOWLER, M. D., ADRIAN, MICH.

Mrs. T., æ. 48; nervo-bilious temperament; housewife. Has been suffering since "the change of life" (about three years), from irregularly repeated paroxysms of most excruciating pains (stitches) in the region of the heart. A "sudden start" will generally induce palpitation, and it is always aggravated three or four hours after a meal, more particularly if the meal has been a hearty one. Bowels are regular, food digests well and seems to be properly assimilated, and never distresses her at or *soon* after meals; but the aggravation of the heart symptoms after four hours induces her to nearly starve herself. At the time of making my first examination she was comparatively comfortable, and physical exploration revealed nothing abnormal. Has some rheumatism (muscular). There is a dirty yellowish appearance of the skin, and in spots a dry, brany eruption, most on feet and legs. But the great trouble is the pain in the heart. "Oh," she says, "if it was not for that I should be perfectly well." Has taken much medicine. I gave her *Nux vomica* on general principles and went home, directing them to call next day for medicines. For the rheumatism, eruption and pain I found *Rhus tox.*, *Arsenicum* and *Aconite* all well indicated, and determined to try them all, if I found it necessary. Began with *Aconite 3* every two hours for three days. Report "a little better." Left off *Aconite* and gave *Rhus 3* every two hours. Report the same. Left off *Rhus* and gave *Arsenicum 4*, four times a day. Towards night of the second day I was sent for in great haste; my patient was much worse. I found her suffering fearfully, complaining of "such awful stitches." A stitch would "catch" her, and "take her breath" for a moment, and then she would scream so as to be heard across the street. "Stitches" being "the most characteristic symptom," I gave *Kali carb.* From the very first dose my patient began to improve, and has been well since (about six months). She has had a little fluttering or tendency to palpitation two or three times since, which were entirely removed by *Lilium tig.*

I have since cured another case of Angina in a married lady, of about two years' standing. Mrs. D., æ. 30; nervo-sanguine temperament; housewife; works hard. It seems, from the history of this case, to be the result of suppressed erysipelas of the phlegmonous variety. Was always subject to erysipelas, and two years ago was cured by external washes. Has had this pain in heart since; never had it before. Also complains of great heat and dryness of the œsophagus, from the stomach to mouth. She, too, is troubled by apprehensions, continual fear and anxiety. Was cured in two weeks by the exhibition of *Hepar sul. 3d* every morning. The heat and dryness of the œsophagus remained after the first week, but was entirely relieved by *Aconite 3*. *Hepar* and *Aconite* were the only remedies given.

Colleges, Societies, etc.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE AND OPHTHALMIC HOSPITAL.

The faculty includes :

Carroll Dunham, M. D., *Materia Medica.*
W. Tod Helmuth, M. D., *Surgery.*
S. Lilienthal, M. D., *Pathology.*
Jas. A. Carmichael, M. D., *Anatomy.*

This will be esteemed sufficient recommendation of the College. As to the advantages afforded by the dispensaries, clinics, hospitals, ets., students can consult the circular which is stitched in with our advertising pages.

HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND, OHIO.

The 23d annual circular is issued. With the desertion of the Beckwiths and Prof. Wilson the old friends of this college may have some anxiety for its future, but this will be dissipated on examination of their recent announcement. The present faculty is headed by Prof. A. O. Blair, an able teacher in the chair of Practice, and Prof. J. C. Sanders, who is one of the best Obstetrical teachers, and their colleagues are physicians of industry and spirit.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The 14th annual announcement of the Homœopathic Medical College of Missouri is before us. This institution was incorporated by act of Legislature in 1857, and has continued with some interruptions until the present. It is now the recognized school of Homœopathy in the city of St. Louis. The charge for full course of lectures has been reduced to fifty dollars. See advertisement.

HAHNEMANN MEDICAL COLLEGE OF CHICAGO, ILLINOIS.

This institution offers a ticket admitting to two, three or more courses of lectures, for one hundred and fifty dollars.

It will give twenty-four weeks of lectures instead of nineteen.

Its clinical and hospital advantages and facilities are excellent, and students can rely upon receiving a thorough and systematic course of training by professors of experience and skill in their several departments.

Lectures will commence Wednesday, October 2d.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The inducements offered to students are:

1. It is the oldest homœopathic college in the world.
2. It has a list of 800 graduates.
3. Its anatomical museum contains nearly 5,000 specimens.
4. It has excellent clinical advantages in the Homœopathic Hospital and the various allopathic hospitals of Philadelphia.
5. It has a permanent faculty including experienced and talented teachers.

PULTE MEDICAL COLLEGE OF CINCINNATI, OHIO.

This institution will commence its first session on the 20th of September.

Prof. T. P. Wilson leaves Cleveland and identifies himself with the interests of the Pulte College.

The new college will be inaugurated under the most favorable auspices, and with a faculty of superior talent. It offers a graded course, three terms of twenty weeks each, for $125.

Further particulars may be obtained by addressing J. D. Buck, M. D., Registrar, 305 Race st., Cincinnati, Ohio.

WILSON.—The faculty of Pulte Medical College announce that since the issue of their circular, Prof. T. P. Wilson, of Cleveland, has determined to remove to Cincinnati, and associate himself with their College. He will deliver a course of lectures on Ophthalmic and Aural Surgery, with ample illustrations from models and drawings. Prof. Wilson will also hold daily Eye and Ear Clinic in the College building.

IRREGULAR DIPLOMAS.

As a medical student who intends to honestly earn a "sheepskin," I wish through your columns to protest against what I take to be an injustice to rightly-disposed students, and a disgrace to the medical profession. I speak of the almost criminal carelessness with which faculties of medical colleges allow men to graduate who have not pursued the prescribed course of study, nor complied with the requirements stated in their "Announcements."

This statement is true, to a greater or less extent, of perhaps the majority of the medical colleges of this country. And although few are so corrupt as that managed by the notorious Buchanan of Philadelphia, which granted diplomas to men who had never attended a single lecture nor studied medicine one day, still it is a fact that from colleges that are called respectable many men graduate every year who have not pursued the proper course of study. Even at our State University there are abuses, the results, it may be, of carelessness, but still abuses. Instances occurred last Spring of junior medical students who had attended lectures only fifteen weeks, receiving tickets for a full course of lectures, a full course being six months.

In our own city, this Summer, from the Detroit Medical College, and from an institution called the Detroit Homœopathic College, men graduated who failed to comply with requirements which are conceded by all to be essential to graduation. The members of the faculty of the first-named college are, so far as I know, sound, scientific men, but their modes of ascertaining the qualifications of those students upon whom they confer the honors of their college are certainly culpably inefficient. In order to be entitled to a diploma from any respectable medical college, a student must have complied with the following requirements, among others :

He must have pursued, under a respectable practitioner, the study of medicine three years, he must have attended at least two full courses of lectures, he must have attended clinical instruction, and have pursued the study of practical anatomy, so that he shall have examined, by dissection, every part of the human body.

Now, *from* my own *personal knowledge*, I can attest the fact that at least two of the students who graduated from the Detroit Medical College, and who publicly received the diploma of that college on July 10, 1872, had pursued the study of medicine during the period of *only nine months*, if their own statements are to be taken as truth. Both of these gentlemen were at the State Univerity at Ann Arbor, last winter. I believe they were there during only a part of the session, and prior to their coming to Ann Arbor, according to their own statement, they had not read medicine. Thus these gentlemen, after nine months study, become full fledged M. D.'s ! This abuse is the more obvious from the fact that in the last catalogue of the Detroit Medical College there is a plain statement

that "no student will be received into the graduating class whose first course of lectures had been completed within six months of the beginning of the term." Notwithstanding this plain statement, these men are allowed to graduate.

The case of a man who received a diploma from the (so-called) Detroit Homœopathic College is even more flagrant than the cases alluded to This man had been studying medicine only about seven and a half months, at the time he graduated. Last Winter he took a partial course at Ann Arbor. Prior to this he had not read medicine. He took at Ann Arbor only one half the required quota of practical anatomy. He came to Detroit, attended "lectures" at the "Detroit Homœopathic College," and in common with the other students who attended that "College," he received no instruction in practical anatomy. Yet, after about seven and a half months' study, this man receives a diploma!

These are statements which I know to be facts, and can furnish names if necessary.

I say, *emphatically*, these are abuses which are certainly unjust to young men who, scorning to accept a diploma without having earned it, are willing to spend hard-earned money and midnight hours of persevering toil, in order to fit themselves for their responsible profession.

It is an injustice to real students, an imposition on Society, and a disgrace to the medical profession. JOSEPH WOODWARD.

Detroit, Michigan.

FŒTICIDE.

At the annual meeting of the Michigan (Allopathic) State Medical Society, held at Grand Rapids, June 13, 1872, the following communication was received and referred to a committee consisting of Drs. Kedzie Palmer and Chittock:

To the officers and members of the State Medical Society of Michigan:

Your co-operation with the State Homœopathic and other medical societies of this commonwealth is earnestly desired for securing the enactment of just laws for the punishment of the fearfully prevalent crime known as fœticide. It is recommended that such laws shall embody, among others, the features contained in the following preamble and resolutions:

Whereas, The crime of fœticide has through ignorance and wickedness become so general, is undermining the health of our people, and is destructive of the best interests, social and political, of our State;

And whereas, This crime, so unnatural and degrading, is in direct defiance of the law of God, and of all the pure and noble sentiments of Christian civilization; therefore,

Resolved, That fœticide should be recognized by the laws of the State of Michigan as a high crime.

Resolved, That this crime should be punished as murder, without regard to the period of gestation when it shall have been committed.

Resolved, That all who may be parties to the knowledge of this crime as committed by any person or persons shall be regarded and punished as

accomplices, except they shall give full information of the same to the proper authorities. ROBERT KING, M. D.,
Cor. Sec. State Homœopathic Society.

The committee made the following report on the above :

The committee to whom was referred a communication from the State Homœopathic Society, asking the co-operation of the State Medical Society "for the purpose of securing the enactment of just laws for the punishment of the fearfully prevalent crime of fœticide," respectfully report that they have given the communicatton that earnest consideration which the subject demands.

The views, the expressed opinions and the practice of the respectable members of the regular medical profession on this subject have not been doubtful or uncertain. They have ever regarded it as a crime against God, against society, and against individuals—as a shame on our civilization, and a blot on our age. These are the views of our profession, not alone of to-day or of yesterday, but for years past the voice of the medical profession has spoken words of solemn and momentous warning, and branded it as one of the most fearful because most secret of crimes,

This has been the position not only of the profession at large, but especially of our own State. Our worthy and respected President presented to this society, three years ago, an article on this subject, stigmatizing this crime and exposing its horrible consequences. This able essay was published in the proceedings of this society, and also issued in pamphlet form and widely circulated throughout the State.

The position of the profession being so pronounced on this subject, and the desire of the profession so strong that this crime against nature and society should be blotted out, we cordially welcome to our advanced position any body of our citizens who will join us in exterminating this degrading crime; and we rejoice that the practitioners of homœopathy in this State have in this unequivocal manner branded this practice.

While we would gladly see this crime still more strongly reprobated by still more stringent legislative enactments, yet, in the opinion of your committee, the laws already enacted, if always enforced, would drive the crime from our land. In all such cases the difficulty lies, not in the lightness of the punishment, but in the difficulty of conviction. The crime, from its own nature, is secret; and this secret lies only between the guilty parties and God. Except in cases of fatal termination to the mother, these cases are never known to the public, nor susceptible of proof in a criminal court; and where fatal results do follow, the laws are now about as severe as can be enforced in a State where capital punishment is abolished.

The remedy, in the opinion of your committee, does not lie in the direction of legislative enactment so much as in exposing the frightful dangers which overhang the unnatural mother—the possible or probable death, the health broken for life, and the endless remorse that ever follows evil-doing, and above all, by awakening the ennobling emotions of motherhood by which woman is made only "a little lower than the angels."

In conclusion, your committee would recommend the passage of the following resolution :

Resolved, That the medical profession of this State cordially welcome the efforts of all bodies of men, of whatever name or calling, in blotting out the fearful and unnatural crime of infanticide. R. C. KEDSIE,
A. B. PALMER,

The report was accepted and referred to the Committee on Publication

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. VIII.—DIPHTHERITIC CROUP.

(Continued from page 359.)

The prognosis is very bad. The *Lancet Sanitary Commission Report* on Diphtheria states that "symptoms of croupal suffocation soon supervene from the extension of the diphtheritic formation to the air-passages; and when this is the case, recovery is exceptional." Dr. Churchill says that "when the false membranes extend into the larynx and trachea we shall have croup with all its danger." Dr. D. Francis Condie remarks that "when the disease extends to the larynx, it is very frequently fatal." "Comparatively few persons recover when diphtheria extends downwards into the air-passages; but sometimes moulds of the larynx, trachea and bronchial tubes, to their third or fourth division, and in a case seen by Mr. Thompson on Launceston, to the fifth division, are expectorated with immediate, though too often only temporary relief, to the patient, who frequently succumbs from a renewal of the exudation."—(Greenhow.) Dr. J. F. Meigs says, "if it extend into the air-passages very soon after the invasion, it may cause death within a few days." Sir George Duncan Gibb thinks that "the prognosis of this form (laryngeal diphtheria) is extremely unfavorable." Dr. Bernhard Bæhr says that "the extension of the diphtheric process to the larynx and lungs is almost always fatal." "In very acute cases the false membrane will spread into the larynx, if not early arrested; and in some instances its formation seems to occur almost simultaneously in the air-passages and on the pharynx, the croupy symptoms appearing to co-exist with the appearance of lymph on the

fauces ; such a case we need hardly say must be almost necessarily fatal."—(Evanson and Mansell.)

Twelve years ago I wrote an essay on Diphtheritic Croup in which I expressed myself as follows in regard to the prognosis : "But little need be said as to the prognosis of this disease ; *it is bad, very bad*, and I do not believe that more than one-half of the cases recover, even under the best homœopathic treatment. The cause of this is evident, for before the larynx is attacked, the patient has usually been depressed and worn out by the primary disease, and is quite unfit to contend with such a formidable foe. I find that the best plan is to explain the state of matters frankly to the parents immediately on being called to the case, and here as in many other circumstrnces of life '*honesty is the best policy.*'" The younger the child the greater the danger of diphtheritic croup coming on in the course of diphtheria. Again, the younger the child the greater the danger when laryngeal diphtheria does make its ominous appearance, and this increased danger arises from the small size of the larynx in infancy. "Richerand was the first to determine that the larynx and glottis, which in early life are very small, suddenly increase at the period of puberty, in the male sex in the proportion of 5:10, in females of 5:7. Schlemm has confirmed this observation, and has added a few details ; thus he found the rima glottis of a child of 12 years, one and a half to two lines longer than that of a child of three years, and in the latter it was three-quarters of a line longer than in a child of nine months."—(Romberg.) When the larynx, trachea and bronchial tubes are lined with diphtheritic membrane the case is all but hopeless, though strange cures take place, even when the patient seems to be *in extremis*, and I particularly remember one notable case in which, under the influence of Kali bichromicum, the patient expectorated a cast of the larynx, trachea and larger bronchial tubes with immediate and permanent relief.

In the first volume of Marcy and Hunt's Practice, page 763, we read that "a persistent use of the proper homœopathic remedies will cure nearly all cases of this malady (diphtheria)," and to this somewhat startling statement they add that "we

have treated more than 200 cases, including many of the malignant type, and our losses have not been one per cent." It is not stated how many of these two hundred cases were laryngeal and their nature, though one would like very much to know, but I imagine that no experienced physician would make these statements in connection with true diphtheritic croup.

ACONITE.—When the laryngeal complication first appears, Aconite is in place and will sometimes be all that is needed. I think that Aconite has not merely a superficial resemblance to diphtheritic croup, but that it is capable of producing a very similar state of the blood to that which exists in diphtheria, and that in its therapeutic action *it hugs the essence of the disease.* To use the language of a recent article in the *British Journal of Homœopathy*, there is not an apparent and superficial resemblance of unconnected symptoms which may be found common to both, but a true pathological similitude between the effect of the drug and the elementary morbid state which lies at the root of the disease. I have always used Lodge's tincture, adding one or two drops to half a tumblerful of water, and giving a teaspoonful every half hour or oftener.

KALI BICHROMICUM.—Physicians of our school differ very much as to the value of this remedy in laryngeal diphtheria. Dr. Ludlam thinks that it is almost specific to the diphtheritic membranes found upon the respiratory epithelial surface, and this is indorsed by Drs. Marcy and Hunt, while Dr. Lord, of Chicago, emphatically says that it is *the remedy.* On the other hand, Dr. Hughes, of England, has used it "without the least benefit," and Dr. Laurie seems to consider it a kind of forlorn hope to be given if Bromine should fail, the Bromine having been given when Iodine failed. Dr. Bernhard Bæhr, while admitting that "the symptoms of this drug undoubtedly point to its use in diphtheria, and assign to it an important rank among the remedies for this disease, remarks that "striking therapeutic results have not yet been attained with it." In this matter I entirely agree with Dr. Ludlam, and I have no hesitation in assigning to Bichromate of Potash the first place in the brigade of remedies with which we combat diphtheritic croup. Dr. Ludlam's remarks are worthy of the most careful perusal:

"1. This remedy seems especially appropriate to pseudo-membranous lesions of a diphtheritic nature affecting the respiratory mucous surfaces, as the nares, the superior portion of the pharynx, the larynx, the trachea, and the bronchial tubes, even down to their ultimate ramifications.

"2. Where the deposit is of firmer texture, more apt to be developed into casts which are cartilaginous, or pearly in appearance, elastic, fibrinous, and more securely attached to the subjacent integument.

"3. It is indicated in all those cases where a transfer of the local disorder to the larynx or trachea impends, as shown by soreness of the larynx when pressed upon from before backwards, aphonia, croupy inspiration or cough, and a desire on the part of the patient to lie with the head thrown far backwards in order to open the glottis.

"4. It may also be given with excellent results in case the tonsils are almost or quite enveloped by a thick and well-organized deposit, and in which at the same time the patient has an almost incessant cough.

"5. Also where, with the foregoing symptoms, there is an evident tendency to ulceration and deposit upon remote mucous membranes, as, for example, those of the uterine system. In my own experience, the Bichromate is almost a specific to diphtheritic formations upon the free uterine, and to those found upon the respiratory epithelial surfaces.

"6. Since in all these cases the putrid symptoms are less marked than in the pharyngeal and alimentary diphtheria, you should take the hint to cease the employment of Bichromate when these symptoms ensue. The Iodide of Arsenic, Nitric Acid, or Carbo vegetabilis are much more decidedly indicated for the relief of such a condition."

Dr. Lord advises the administration of this remedy by inhalation. The following is an extract from his report of a very severe case in which the remedy caused an aggravation even when given in moderate doses: "When the Bichromate was given at intervals of an hour or more, the patient uniformly got worse. The cough was almost constant, except in the night, when asleep. It ran up from a slight hacking to suffo-

cation, which was only prevented by a means which I have purposely omitted to mention that I might direct your attention more particularly to it. After the 20th day, when the cough became dry, and the respiration whistling, and when suffocation seemed imminent, inhalations of the Bichromate were used with prompt relief; of course it was only temporary, but it was a respite. But for it death must have ensued. It did not fail in a single instance of easing the breathing and loosening the cough, and ejection of membrane or large quantities of stringy mucus followed. The method was simple. Two or three grains of Bichr. 2 were put into a small tin teapot and half a teacup of hot water poured on. The vapor passing from the spout was inhaled. I do not think that any medicines given in this case but the Arsenic and Bichromate had any good effect. I was so well satisfied of this that in all subsequent cases I have trusted entirely to the Bichromate as the specific remedy, and have had no reason to repent it. Other remedies may be required, but that is the remedy.—*(Illinois State Homœopathic Trans., 1862.)*

Dr. Hughes says: "I think that Dr. Neidhard's suggestion is very good, that it is necessary to attack the poison in the blood, even while, by the medicines specifically affecting the air passages, you are combating its dangerous local manifestation. He usually administers the Bichromate of Potash (1st trit.) in alternation with his Chloride of Lime. He has recorded two instances in which this treatment proved successful." To me, cases in which alternated remedies were used are as if they never had been recorded. This remedy seems to act best in the 2d and 3d decimal triturations, a small powder in half a cup of water, of which a teaspoonful is to be given every hour or oftener. The remedy should be given by inhalation at the same time.

IODINE.—All who have used this remedy consider that it is best indicated in the early stage of diphtheria when much glandular irritation is present, and when the disease threatens to attack the larynx. Dr. Laurie thinks that "when in addition to the formation of specks or patches of exudation of greater or less extent, with sore throat, enlargement of the

tonsils or glands of the neck, great larynx, disinclination for food, *difficulty of breathing, cough and alteration of the voice* supervene, the administration of Iodine should be at once resorted to." Dr. Kidd says that the essential pathogenetic action of Iodine comes the nearest of all our remedies to the essential characteristics of diphtheria in its constitutional and local manifestations. Dr. Constantine Hering gives us the curious indication that Iodine acts best when the diphtheritic patient has dark hair and black eyes. Dr. F. G. Snelling says that its internal use should be in frequent repetition, as few diseases require more prompt and vigorous treatment, and, in accordance with this list, I would advise that ten drops of the first decimal dilution of Iodine be added to half a cup of pure cold water, a teaspoonful to be given every 20 or 30 minutes. "To produce a prompt and perfect influence, Dr. Kidd thinks it best to administer it, '*similia similibus curanter*,' in the mode of entrance of the disease itself, viz., by inhalation; or the Iodine, in substance or in tincture, may be placed in an open vessel near the patient, as it is thus slowly evaporated, and mixes with the air in a highly divided but quickly acting form."—*Snelling.*

Dr. Helmuth supplies us with the following valuable details as to the precise mode of administration: "When the disease is not arrested by these medicines (Caustic Ammonia and Protiodide of Mercury)—and there is the slightest appearance of cough—I order the inhalation of the *vapor of Iodine*, and that medicine in the second dilution, in water, every two hours. The inhalation is conducted as follows: a small teapot is fillled with boiling water, and a teaspoonful of pure *tincture of Iodine* poured therein; the patient takes the spout of the vessel in the mouth, and the head being covered with a towel, a few inspirations are made. This method is resorted to when there is no inhaling glass convenient, and it will be found to answer the purpose exceedingly well. The inhalation may be repeated three times during the day. There can be no doubt of the efficacy of this method of treatment, viz.: *Iodine*, internally and topically, by inhalation in severe diphtheritis, even after the cough has *commenced.* I have witnessed its efficacy several times, and would have others test it in similar cases."

BROMINE.—Dr. Peters says that this remedy caused inflammation of a transudative character in the larynx and trachea, with commencing formation of false membranes; violent inflammation of the fauces and œsophagus, and coating of them with *plastic lymph;* intense inflammation of the larynx and trachea, with *exudation of plastic lymph* in such abundance as quite to block up the air-passages. He adds that it is rather more applicable to the inflammatory cases tending towards the larynx with sharp fever at the outset. Dr. J. P. Dake gives the following indications: "Soreness and smarting in the throat; plyalism; hoarseness; rough, dry cough; sensation of contraction in the wind-pipe; fluent coryza; also nasal obstruction; epistaxis; earache; alternate chills and heats; violent inflammation of the mucous membrane of the fauces, œsophagus, also of the larynx and trachea; these parts are covered with a coagulable lymph, which obstructs almost entirely the air-passage. A dingy, brownish, granular, firmly-adhering exudation over the mucous membranes of the œsophagus." Dr. Trinks recommends it in severe inflammation of the fauces and œsophagus, covering them with plastic lymph, also in severe inflammation of the larynx and trachea, with exudation of plastic lymph nearly closing those organs. Dr. Laurie recommends Bromine to be used in laryngeal diphtheria when Iodine has failed. Personally I have made little use of Bromine in this disease, partly because, as Dr. Bayes remarks, it is "an unmanageable medicine," and partly because I seldom saw grounds for its administration. Great care should be taken to preserve this remedy and the dilutions should be made each time it is used. "A gargle made with one drop of pure Bromine to six ounces of water has proved serviceable in diphtheria threatening to invade the larynx. It makes the false membrane brittle and brings it away, while it stimulates the subjacent mucous membrane."—*Bayes.*

AMMONIUM CAUSTICUM.—According to Dr. Peters this remedy causes reddening of the nasal mucous membrane, which is coated with an *albuminous* layer; reddening of the posterior surface of the epiglottis and of the entrance into the rima-glottidis, which are covered with a *false membrane;* great

redness of the whole trachea and bronchi, which are coated here and there with *membranous patches*. He adds that it may be used in diphtheria when the prostration and exhaustion are very great, and the disease tends to extend down into the larynx, trachea and air-passages. Dr. J. P. Dake states that he has used, with gratifying results, this remedy by *nasal inhalation*, but has not found benefit from the internal administration of the drug. The writer has had no experience whatever in the use of this remedy.

TARTARUS EMETICUS.—Dr. Ludlam, of Chicago, was the first to point out on the authority of M. Laboulbéne, that the constitutional action of this remedy will produce a pseudo-membrane upon the buccal, the laryngeal and the tracheal mucous surfaces. "The indications which, in my own experience, more frequently require this remedy in diphtheria are sudden swelling of the cervical glands and tonsils, occurring in scrofulous children, who are predisposed to catarrhal or asthmatic affections; occlusion of the larynx or lower respiratory channels, by excess of mucus, or of a feebly organized plasma, with cough, dysphagia, difficulty of breathing, gasping (which compels the patient to sit upright or to seek the open air); inclination to retching and vomiting, obstinate vomiting of a tenacious mucus, without any considerable thirst; small circular patches, like small-pox postules, in and upon the mouth and tongue; and also for evidences of closure of the pulmonary air-vesicles by solidification of effused serum (hepatizaton). It will sometimes serve a good purpose by promoting diaphoresis, and, in exceptional cases, will drive out the eruption, to the great relief of internal mucous surfaces. I recommend you not to overlook the claims of this remedy in certain forms and varieties of the diphtheritic lesion. In particular it seems applicable to many cases of diphtheria in which the abnormal throat and chest symptoms derive their chief characteristics from a prevalent influenza, or from an inherent predisposition on the part of the patient to catarrhal disorders of the respiratory mucous membrane."—*Ludlam.* The writer has used Tartar Emetic to a considerable extent, but thinks that it is more appropriate for pseudo-diphtheria than for the genuine variety.

As to the dose, a grain of the 2d or 3d decimal trituration may be dissolved in half a cup of water and a teaspoonful given every one or two hours, or a small powder of the 5th or 6th trituration may be given dry on the tongue every two hours.

SANGUINARIA CANADENSIS.—Sir George Duncan Gibb, M. D., recommends Sanguinaria "as an emetic in the croupal forn of diphtheria." My experience is that when the membrane is diffluent this remedy is effective, but not when the membrane is tough and closely adherent to the mucous membrane.

TRACHEOTOMY.—Opinions differ very much as to the value of this operation in diphtheritic croup, and Dr. Slade is almost the only writer of eminence who speaks favorably of it. He says: "Without going into a history of tracheotomy, or a recapitulation of the arguments on the one side or the other, we most unhesitatingly say that, under the circumstances above mentioned, this operation is a resource which we are in duty bound to employ for the safety of our patients, and in view of what experience teaches us is otherwise certain death. It is not by so doing that we increase his chances for life solely, but in case of an unfavorable termination we render his last moments less distressing." In the *Medical Times and Gazette* for March 29, 1862, Dr. Anstie reports a case in which tracheotomy was performed with "enormous relief" to the extreme dyspnœa, and the child, æt seven, made a good recovery in from two to three weeks. It is not stated whether the "extreme dyspnœa" arose from laryngeal diphtheria, or from a swelling of the rima-glottidis in the course of pharyngeal diphtheria, for while it is useless in the first case, it might be of service in the second. Dr. Greenhow writes: "Upon this subject I have no personal experience, but the operation in this country has been almost always unsuccessful. On the other hand, I have had the opportunity, in two instances, of observing, in *post mortem* examinations, that the false membrane extended a very short distance down the trachea, and in one of these death appears to have been caused by the partially separated membrane acting as an obstruction to the admission of air. Perhaps, in this instance, the performance of tracheotomy might have saved the patient; and when the case appears to be otherwise hopeless, it would probably be right to give the patient the chance afforded by the operation, provided there should be no evidence of the extension of the disease to the bronchial tubes, or of the existence of pneumonia, either of which manifestly contra-indicate the operation, which must under such circumstances prove unavailing."

Dr. Helmuth remarks: "The results after the operation of tracheotomy in croup are not very satisfactory, and in diphtheria they are, as far as my own observation, reading and experience extend, still less so. I can call to mind but four cases in which the operation has been performed in diphtheria, one of which is said to have proved successful. None of these cases, however, occurring in my own practice, and circumstances occurring which have prevented actual inquiry in reference to the minutiæ of each, I am not prepared to offer any remarks upon them. But in the cases that I have treated, and which have succumbed to the diphtheritic poison, I have not witnessed one which would justify the interference of the surgeon." Dr. A. L. Voss, of New York, says: "It is worthy of remark that I have not heard of a successful operation in New York during the year 1859, famous for diphtheria. Tracheotomy is a *dernier resort* in diphtheria. I have no confidence in it in this disease. Diphtheria is an affection of which the local lesion is the least important part. Its erratic nature, its proneness to reappear upon a neighboring or remote surface, argues very strongly against the promise of success by local means alone. If you remove the plastic deposit from the trachea by a surgical operation, a few hours later will be apt to reveal symptoms of a like formation within the larynx or the bronchii. Possibly the operation may be serviceable in croup, but not in diphtheria." The writer's views coincide completely with those of the distinguished professor of Chicago, for the general condition of the patient forbids any surgical operation whatever. In croup you have to do with a disease which is local, or at least very largely so, and here tracheotomy is, in certain cases admissible, but in diphtheritic croup you have to do with a patient who, in addition to a severe local disease, is suffering from a violent blood-poisoning, and here the chances of success, or even of palliation, are illusory in the extreme.

APHORISMS.

1. Diphtheritic croup is the development upon the larynx and trachea of the characteristic membrane of diphtheria, and, as a general rule, the disease originates by extension from the pharynx, it being a very rare thing to find it originate in the larynx.

2. In some epidemics laryngeal diphtheria is so common as to give the characteristic features and name to the disease, while in other epidemics it is very rare.

3. It is more common in low swampy lands, and on the margin of bodies of water, than on high and rolling land.

4. The proportion of cases of laryngeal diphtheria, as compared with the whole number of cases of diphtheria varies from 15 to 67 per cent., and the mortality of cases of diphtheria in which the larynx is attacked varies from 40 to 80 per cent., according to locality.

5. When death takes place in diphtheria within a week it is usually by extension of the disease to the larynx; when death takes place later, it is almost always the result of asthenia.

6. The characteristic membrane is of various textures, sometimes as soft as thick cream, sometimes like moist kid-leather.

7. While the membrane of pseudo-membranous croup is fibrinous, that of diphtheritic croup is albuminous.

8. This membrane may extend from the epiglottis to the minute ramifications of the bronchial tubes, and as it descends it becomes less and less consistent.

9. Diphtheritic croup can only be confounded with pseudo-membranous croup, from which it may readily be distinguished, though when pseudo-membranous croup appears in an epidemic or endemic form, it is difficult to distinguish the one from the other.

10. The prognosis is very unfavorable, even under enlightened homœopathic treatment, and this danger largely arises from the fact that the patient is suffering from a severe blood-poisoning in addition to the local disease, and also that when the laryngeal complication appears the patient is exhausted by the primary disease.

11. The younger the child the greater the danger of diphtheritic croup coming on in the course of diphtheria, and the younger the child the greater the danger when it does make its appearance.

12. As to therapeutics, Kali Bichromicum seems to head the column, closely followed by Bromine and Iodine. Of less importance, but still deserving of careful study, are Aconite, Ammonium causticum, Tartar Emetic and Sanguinaria.

13. While tracheotomy is often the forlorn hope—and a successful one, too, *if not too long delayed*—in true croup, it is quite inadmissible in diphtheritic croup.

14. The physician may sometimes be tempted to use an emetic for the purpose of removing the membrane from the larynx, but the relief is at best only temporary, and the irritation of the emetic action often intensifies the disease and hastens the fatal issue. T. N.

ERROR.—In the 10th line of page 317, for "trachea," read *pharynx.*

Obstetrical Department.

FARADIZATION AND GALVANIZATION IN THE TREATMENT OF AMENORRHŒA.*

BY A. D. ROCKWELL, M. D., NEW YORK.

The utility of some form of electrization in the treatment of amenorrhœa has long been recognized by the profession. This recognition, however, is decidedly vague and indefinite, and the use of electricity by the general practitioner in obstinate suppression or retention of the menses is exceptional.

I transcribe from my clinical note-book a few such cases, in order that renewed attention may be called to a method of treatment that I conceive to be all-important.

There is no stereotyped form of application that will answer in every case, neither can we expect to be uniformly successful; but I feel assured, from a somewhat extended experience, that a judicious use of the different currents and the recognized methods of applying them will yield results far surpassing the general belief.

The principal methods of application are:

1st. General Faradization.

2d. Localized Faradization (external).

3d. Localized Faradization (internal).

4th. Central galvanization.

5th. Peripheral galvanization (external or internal).

The first method (general Faradization†) is indicated in those conditions of debility where a general and powerful tonic influence is called for. The treatment is, as a rule, not disagreeable to the patient if carried on with the requisite care, and its secondary effects are sometimes marvelous.

* *American Journal of Obstetrics, May, 1872.*

† For a complete exposition of general electrization, its modus operandi, rationale, and effects, the reader is referred to Beard and Rockwell's work on "Medical and Surgical Electricity."

Amenorrhœa associated with Anæmia—Recovery under general Faradization.

CASE I.—Miss ——, aged 20, was suffering from a condition of excessive debility and anæmia. She was hysterical to the last degree, and it was with the greatest difficulty that she could be persuaded to submit to electrization. These symptoms had annoyed her for about six months, during which time the menstrual flow had decreased in quantity and had become irregular, until some two months before I saw her, it had altogether ceased. She was at once submitted to general electrization, and although an exceedingly mild current was used, excessive faintness was produced, which lasted nearly twenty minutes. Subsequent applications were borne much more kindly, although the strength of the current was decidedly increased. Her menses returned after the eighth application, and during the treatment, which continued for six weeks, the color returned to her cheeks, her step became firm and strong, her hysterical condition was entirely corrected, and at the very least it may be said that she was approximately restored to her usual health.

Amenorrhœa of four years' standing, associated with slight Anasarca and marked Obesity—Menses restored and other symptoms relieved by general Faradization.

CASE II.—Miss H., 25 years old, was directed to me by Dr. T. Cock, of New York.

For four years the patient had menstruated sometimes three times, sometimes but twice a year. She had increased enormously in size, her weight being 180 pounds, and there was some effusion of the legs and feet, as manifested by the indentations remaining after pressure with the finger. The patient was very plethoric, and suffered much from fullness and oppression about the head. It is proper to remark that Dr. Cock, before submitting the case to electrization at my hands, had for some time made use of the internal remedies that seemed most suited to it. The patient was annoyed by cold feet and hands, and by sudden flushes of heat. As in my experience general Faradization has been more successful in

equalizing the circulatian than any other form of electrization, I determined to employ this method. In this as in the former case, extreme susceptibility to the current was manifested, but depending more on an excited mental condition than on any real sensitiveness of the nervous system.

The patient was under treatment from March 20, 1871, to May 25, 1871, and received twenty applications. After the fifth séance the courses appeared and lasted two days. At the proper time during the course of treatment they reappeared and lasted some four days. The patient presented herself a few months after the cessation of the séances, and reported that not only the menstrual function continued to act regularly, but that she remained permenently better in every respect. The tendency to flushes of heat disappeared after the first menstruation, her extremities became warmer, and after the second menstruation she was entirely relieved of the watery effusion in the legs and feet.

An interesting but not altogether unusual result of the treatment was a marked decrease in flesh. During the administration of the first ten applications she lost some twenty pounds, and after the séances were discontinued she submitted to the Banting system, and was rewarded by a still further decrease in weight.

Amenorrhœa of a year's standing, associated with Vertigo and Debility—Recovery under general Faradization.

Case III.—Miss E. S., a school-girl aged 18, a patient of Dr. Nuby, was suffering from suppression that had existed a year. The resulting symptoms were periodical attacks of distressing vertigo, and a condition of nervous exhaustion that unfitted her for the slightest mental or physical exertion. The Faradaic current was alone used, and, as in the two preceding cases, the applications were quite general. The menses reappeared after the twelfth séance, resulting in approximate relief of the vertigo, and a decided increase of nervous strength.

At the present time—six months since the function was restored—she continues regular.

Faradization localized externally is as a rule but slightly efficacious in the disease under consideration. The electro-muscular contractility of the abdominal muscles is so great that a current of but little tension can be used, and neither by reflex nor direct action can the great sympathetic in this way be decidedly influenced.

Faradization localized internally, however, is a very effective method of treatment, and frequently succeeds when general electrization seems to be entirely inoperative.

Formerly I was accustomed to use, for applications directly to the os, a metal ball the size of a large marble, and neatly covered by chamois skin. This was mounted on a long insulated stem, and could be readily introduced. The chamois covering was used to render the current less painful, but lately I have discarded it. The application of electricity to the skin through metal electrodes is extremely irritating; but all mucous membranes, especially that of the os uteri, vagina, and rectum, are remarkably insusceptible to currents of ordinary tension, and bear metal electrodes as well as those of cloth or sponge.

Better than the round ball is a cup-shaped metallic extremity, into which the os can be made to fit very snugly.

I find that, by this form of electrode, the uterus can be more thoroughly and powerfully electrized than in any other way. I have seen amenorrhœa yield to the application of either pole internally, but the cathode is without doubt to be preferred. It is possible that the ascending currents, since its effects are more irritating than the descending, might in certain conditions prove most serviceable. The recomposition of the current at the negative pole or cathode is, however, far more powerfully manifest than at the positive pole or anode, consequently the uterine tissues are most decidedly influenced when the cathode is applied directly to the parts, and, practically, I am confident that it yields the best results.

Amenorrhœa associated with Spasmodic Contractions of the Muscles of Deglutition—Recovery follows two Applications of Internal Faradization.

CASE IV.—Mrs. H., aged 35, a patient of Dr. C. P. Tucker, of New York, had for several years suffered excessively from

a form of nervous prostration, partly hysterical in character, and which seemed in a measure to depend on an almost complete deafness which occurred suddenly after a season of excitement while she was yet an invalid from confinement. General electrization had, during the early part of 1870, very materially lessened these symptoms, and she had remained permanently better. In March, 1871, her menses ceased, resulting in a return, although in a less degree, of her old nervous symptoms. In October she began to be afflicted with vertigo and spasmodic contractions of the muscles controlling deglutition, which latter symptom progressively increased in severity until at times the patient could with difficulty take sufficient nourishment to satisfy hunger. I employed general electrization on two or three occasions, but, becoming satisfied that it was impossible to obtain any immediate result by this method, I resorted to internal Faradization, using the cup-shaped metallic electrode alluded to above, and thus localized around the os a powerful current of negative electricity. On the following day I repeated the operation, and in a few hours after the patient was rewarded by a flow somewhat scanty, and of a darker color than normal.

It was attended also by considerable pain in the uterus, and excessive itching all along the course of the vagina. The distressing spasmodic symptoms about the throat ceased immediately and completely, and have not yet shown any evidence of returning. General applications were continued every other day for a month, markedly relieving her nervous condition. At the next menstruation the flow was quite normal, and to the present date the patient continues regular.

Amenorrhœa existing two and a half years—A copious Flow follows twelve Internal Applications of the Faradaic Current.

CASE V.—Miss E., aged 23, suffered from cold hands and feet, and a feeling of great fullness about the head, with vertigo, which symptoms depended, doubtless, on long-continued absence of the menses.

Aside from the above-mentioned symptoms, her general health and strength were unimpaired. As general electrization

and galvanization localized externally gave no evidence of being of service, with the consent and in accordance with the desire of both the patient and her mother, I applied the current directly to the os by means of an exceedingly small ball-shaped electrode. Four such applications, repeated at intervals of three days, resulted in a copious flow, lasting forty-eight hours. Greatly to my surprise, the associated symptoms were not relieved to any very great extent, and, as the patient ceased her visits before the time for the second return of the catamenia, I was unfortunately not able to judge concerning the ultimate effects of the treatment.

In regard to the effects of purely central galvanization in retention and suppression, I am unable to speak with any degree of certainty, since in every successful case peripheral electrization was used. Considering the recognized effects of the galvanic current on the spinal cord and sympathetic system, I should say that we might, on theoretical grounds, reasonably expect this method to be of occasional service.

External galvanization has been successfully tried. The following, however, is the only case in which I have successfully used it after internal Faradization and general Faradization had failed:

Amenorrhœa existing five months—Recovery under Peripheral Galvanization (External).

Case VI.—Mrs. S., a widow, aged thirty. The patient suddenly ceased menstruating five months previously, and, accompanying the cessation, she was almost immediately annoyed by a sense of fullness about the head with vertigo. When she applied for treatment, she stated that these abnormal symptoms had continued without abatemeat, and had rather increased in severity. A number of internal applications of the Faradaic current having been given without appreciable result, I localized as nearly as possible a galvanic current from twelve small-sized zinc-carbon cells through both ovaries and the uterus itself.

The catamenia returned twelve hours after the second application, which was given the day following the first. Just before

the next menstrual period, the application was repeated, and was followed by the usual flow. The menses appeared the third time, preceded by no application of electricity. As to further results, I am uninformed.

I can refer to but a single instance where the current was applied successfully to the cavity of the womb.

It has been used as an illustrative case in another place, but, as it completes the illustration of the different methods of application that have been mentioned, I will venture to give it again.

Amenorrhœa by intervals for several years—Relief of Suppression by Intra-uterine Faradization with a powerful Current after failure of External Applications, and also of Applications to the Os by the Uterine Electrode.

CASE VII.—Miss S., aged twenty-three, was sent to me by Dr. Fordyce Barker, July 6, 1870. During all her menstrual life she had been more or less irregular.

At various times she had been relieved by Faradization of some kind, and had found by experience that it was necessary to use internal applications. Her general condition was not of the best, and suppression always brought general nervous derangement. I treated her at first by the uterine electrode (connected with the negative pole) against the os, and the positive either on the abdomen or lumbar region.

This treatment, repeated four times, brought on some appearance of blood, but not the free menstrual flow. One application, with the same strength of current, with the intra-uterine electrode, for about the same time (ten minutes), brought on a profuse flow on the day following, *and the patient was no longer treated.*

In regard to the foregoing cases, it is not to be understood that I present them as in any way typical of the results to be expected in every instance, even under the most judicious and correct methods of electrical treatment. The failures are sufficiently frequent, as every one who has had much experience in this direction will readily testify. I am, however, confident that, could the testimony of other laborers in this field be given, it would fully confirm my statement, "that electrization in some form is our most potent weapon in the treatment of amenorrhœa." I am equally certain that any one who may hereafter give to this method the requisite study and a fair trial, will cheerfully acknowledge its merits.

Practical Observations.

PROSTITUTION IN HAMBURG.—*(Pacific Med. and Surg. Jour.)*—A distinguished German savan, Dr. Ritman *(Medical Press and Circular)*, has been investigating the subject of prostitution in Europe, and writes thus of Hamburg: "I was myself a witness in Hamburg how at every hour of the day the allurement of men into the tolerated houses goes on in the most shameless way. * * * I see in police houses of this kind nothing more than pattern taverns of completely professional prostitution. * * * Whatever good police regulations may do, it is a hundredfold over-weighted by the disadvantages that accrue to a State which makes concessions to a privileged, police-managed, professional prostitution." Our readers may recollect that in the course of the strenuous effort made last winter to introduce the European license system in California, Hamburg was adduced as an example of the salutary operation of that system.

THE NECESSITY OF ABSTAINING FROM SURGICAL PROCEDURES DURING PREGNANCY AND AFTER DELIVERY.—*(Medical Record, from Gaz. Med. de Paris.)*—Following the presentation on the 6th of March to the Société de Chirurgie of a tumor which M. Turnier had removed from a labia majora, and in connection with a discussion which resulted with regard to the influence of the pregnant state upon the growth of tissues, the following practical questions were brought to the notice of the society:

1. Ought one to touch tumors or vegetations developed in the neighborhood of the genital organs during any period of pregnancy?

With the exception of M. Disprès, who does not hesitate to cut away and cauterize vegetations, the other members, including MM. Depaul, Guénoit, Verneuil and Turnier, were opposed to any operative proceedings, and advised obstruction. Except in the case where the vegetation acquires enormous proportions, and attains almost the size of the fœtal head, a growth of this kind ought not to be touched, for two reasons. In the first place, there is risk of causing abortion; a simple cauterization sometimes sufficing to produce this result.

On the other hand, any use of cutting instruments is extremely prone to be followed by troublesome hemorrhage. M. Verneuil advises still greater reserve, and thinks that operations should not be performed upon any part of the body, excepting in cases of extreme necessity. Even when an abscess exists in a vulvo-vaginal gland, he considers it much safer to allow it to open spontaneously than to resort to the knife.

2. For how long after delivery ought we to defer an operation upon women either for removal of a tumor or the cure of a vesico-vaginal fistula?

It is above all things necessary that the tissues should be restored to their original condition, and that those which have undergone a kind of hypertrophy in all their elements should become supple, firm and elastic. One ought to wait for three months, at least, before attempting the slightest operation; and the true limit has been correctly indicated by M. Guénoit, who waits for return of the menstrual function, until when there is a risk of failure from the sutures coming away prematurely, in consequence of the excessive friability of the tissues, and a lessened vitality of the tissues acting as an obstacle to cicatrization.

MAGNETIC WELLS.—*(Pacific Med. and Surg. Jour.)*—Among the humbugs of the day are magnetic wells. They are found in various parts of the country, and are increasing rapidly in number. The magnetic quality of the water is ascertained by connecting a quantity of it in a vessel with the earth by means of a soft iron wire. The wire immediately gives signs of the presence of magnetism when tested by the magnetoscope. Such wells are proved to be highly medicinal, and a number of wonderful cures are already reported. Unfortunately, however, some one tried the magnetic experiment with other water, and found that the water of wells and springs in general displayed the same phenomenon. He went farther, and tried the empty cup, without any water, and still the magnetoscope told the same story. It is scarcely necessary to add that the effect is due to terrestrial magnetism, and that nearly all iron is more or less magnetic.

ON THE DISTINCTION OF EDIBLE AND POISONOUS MUSHROOMS.—*(Half-yearly Abstract, from the World of Science.)*—A writer, under the initials W. G. S., gives the following concise account of the difference between the edible mushroom and the poisonous fungi resembling it. First and foremost,

the true mushroom *(Agaricus campestris)* is invariably found among grass in rich open pastures, and never in or about stumps or in woods.

Many cases of poisoning have occurred, owing to the supposed mushrooms being gathered from stumps and in woods. It is true there is a certain variety found in woods and woody places (*A. salvicola*), but, as far as amateurs are concerned, it is best left alone. A second very good point is the peculiar intense purple brown color of the spores (which are analagous to seeds); the ripe and fully matured mushroom derives the intense purple-brown color (almost black) of its gills from the innumerable presence of these spores. To see these spores, and to become acquainted with the peculiar color, remove the stem from a mushroom, and lay the upper portion, with the gills lowermost, on a sheet of writing paper; in a few hours the spores will be deposited in a thick, dark, impalpable powder. Several dangerous species, at times mistaken for this mushroom, have these spores umber-brown, or pale umber-brown in color, and belong to *Phaliota* or *Nebeloma*. There are innumerable varieties of the true mushroom (and of the horse mushroom), but all are equally good for the table. Sometimes the top is white and soft, like kid leather; at other times it is dark-brown and scaly. Sometimes, on being cut or broken, the mushroom changes color to yellow or even bright red; at other times no other change whatever takes place. But observe, the mushroom always grows in pastures; always has dark purple-brown spores; always has a perfect encircling clothy color, and always gills which do not touch the stem, and a top with an overlapping edge.

To Determine the Sex of the Fœtus in Utero.—(*Pacific Med. and Surg. Jour.*)—Much has been written on this subject within the last four years. A number of eminent authorities declare that the sex and the position may be determined by auscultation, during the last three months of pregnancy. Dr. Hutton, of Brooklyn, N. Y. (*N. Y. Med. Jour.*), lays down the following rule: If the fœtal pulsation be heard in the lower half of the uterus, it is a vertex presentation; if in the upper half, a breech presentation. If on the left side of the lower half, it is the first position; on the right side, the second position. If the pulsations are under 130 in a minute, it is a male; if over 138 it is a female. Dr. Hutton applied the test of sex in seven reported cases, without a single failure. He does not say what is the sex if the pulse is between 130 and 138, but rather leaves it to be inferred that pulsations do

not occur between those limits. If the test be as facile as he asserts, there should never be any difficulty in ascertaining the sex of the coming child at any time during the last three months of gestation.

Poisoning by Morphine. — (*Medical Record.*)—W. W. Grissom, M. D., St. Louis, Mo. (*St. Louis Med. and Surg. Jour.*), relates a case of poisoning by morphine, and recovery after six and a half hours artificial respiration. The patient was a married woman, aged 31, and weighed 160 pounds. Within two hours the attendant by mistake gave twelve teaspoonfuls of the following prescription, received from her physician, or six grains of morphia:—℞. Sulphate Morphia, gr. viij.; Hyd. Chloral, ℥j.; aqua Camphor, ℥j.; syr. simple, ℥j. M. Take teaspoonful every hour until sleeping.

The editor remarks that the above case suggests the importance of persevering with *artificial respiration* as long as action of the heart can be perceived; also, it suggest particular caution to make *gentle pressure* on the chest, lest a fatal pneumonia be induced.

American Text-books and American Teachers.—*(Pacific Med. and Surg. Jour.)*—American text-books on medicine are the best text-books in the world. Why? Because the materials are selected from the widest range of supply, without prejudice or nationality, pro or con. Whilst the rival nations of the old world are each partial to their own and more or less mistrustful of everything foreign, American writers and teachers have no such prejudice against foreign literature, but rather take pride in appropriating all that they can find in the literature of Great Britain, France, Germany, Italy, and elsewhere. For this reason our text-books are more universal than those of other nations, and an American medical education more cosmopolitan and less national. Our writers and teachers look upwards to the old world and acknowledge its authority. They have not yet built up or discovered a literature of our own. What if we are far removed from the ancient, the greatest and the richest fountains of science? Do not the streams all flow hitherward, and bring tribute from all the world? And does not the river increase by the increase of confluents as you recede from the sources? It follows that the literature, the science and the practice of medicine in America take a wider range, with greater freedom from

prejudice and authority, than in the old world. The inventive genius of the Yankee is not confined to washing machines, reapers and steam engines. It pervades every calling, and imparts activity, originality and progress to the practice of medicine.

A NEW MODE OF MAKING BEEF-TEA.—*New Remedies* contains the following method of making beef-tea, as suggested by Dr. H. C. Wood:—"In order to meet the daily-felt want of concentrated fluid meat food, a want not supplied by beef-essence, as ordinarily made, I have invented the following process, and found in practice that it works well. Take a thin rump-steak of beef, lay it upon a board, and with a case-knife scrape it. In this way a red pulp will be obtained, which contains pretty much everything in the steak, except the fibrous tissue. Mix this red pulp thoroughly with three times its bulk of cold water, stirring until the pulp is completely diffused. Put the whole upon a moderate fire and allow it to come slowly to a boil, stirring all the time to prevent the caking of the pulp. As soon as it has boiled remove from the fire, and season to taste. In using this do not allow the patient to strain it, but stir the settling thoroughly into the fluid. One to three fluid ounces of this may be given at a time."

"A DISGRACEFUL SYSTEM OF PUFFERY."—*(Pacific Med. and Surg. Jour.)*—One of our San Francisco newspapers lately administered a severe castigation to those editors who admit puffs to special places in their columns outside of the ordinary advertising limits, and in such disguise as gives them the editorial sanction. Reference is made to articles written apparently on subjects of science or mechanical industry, but covering puffs of land and railroad schemes and other speculations; and it is added that the New York papers are noted for this species of puffery. In the adjoining column, and still under the editorial head, without any distinction from other editorials except that the type is smaller, is a long and flaming puff of an itinerant charlatan, who is now picking the pockets of credulous people in San Francisco, with the aid of the daily press. This puff begins with "The famous physician," and goes on to furnish a biographical sketch of the individual, "which WE copy," so reads the puff, "because it is exact." It is seldom that a moral lesson is so aptly illustrated.

TRANSFUSION.—(*Medical Record.*)—An account is given in the *Lancet* of three cases in which transfusion of blood was performed; two successful, and one unsuccessful. In the latter, the defibrinated blood had been drawn the night before and kept fourteen hours before being used. This does not seem to have had any influence on the result of the case, which was one of exhaustion produced by gastric ulcer. The cases which were successful were those of poisoning by phosphorus and carbonic acid. In these a quantity of blood was withdrawn equal to that injected.

CAN IT BE TRUE?—*(Pacific Med. and Surg. Jour.)*—Professor Reed, of the Cincinnati College, in his valedictory, published in the *Medical News*, talks out thus plainly, and we are sorry to believe, truthfully also: "Look over this city, or any city, and note the great number of physicians who are being destroyed by the pernicious idea of alcoholic support. The blighting effects of this same idea are further seen at our State and National medical associations. Too often these social and scientific reunions, with many, are made the occasion for bacchanalian revels. But a few years since, when the American Medical Association met in this city, the shocking spectacle was seen of physicians who had traveled hundreds of miles, preferring to lie about noted wine cellars rather than mingle with society containing the beauty and polish of Cincinnati."

GRAFTING WITH RABBIT SKIN.—*(Pacific Med. and Surg. Jour.)*—There have been reported to the Paris Academy of Sciences three cases of ulcers in the human subject healed by grafting upon them cutaneous particles taken from the rabbit. M. Larrey was so pleased with the idea that he proposed entering the report for a prize. Whether the new surface produced a growth of rabbit's fur, we are not informed. But why not? And if so, why not put the new practice to profit by substituting for the rabbit the Angora goat or some other variety which will produce a valuable wool? Baron Munchausen did something of this kind, if our memory serves us, with his horse. There are some thousands of vagabonds and convicts in California, who might be made valuable to the State, or at least who would pay for their keeping, if, by the aid of delicate surgery, they were set to raising wool.

LOBELIA CERULEA.

(Blue Lobelia.)

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

LOBELIA CERULEA.

(Blue Lobelia.)

ANALOGUES:—(?)

OFFICINAL PREPARATIONS:—Tincture of the leaves; dilutions.

[Dr. C. Hering first called attention to and caused provings to be made with this plant. Dr. Jeanes was the original prover of *Lobelia* inflata.]

MIND.

* Great depression of spirits; unhappy state of mind, always associated with "pain about and under (not below) the short ribs, in the back, on the left side, and extending outward nearly to the left side; this embraces the posterior aspect of the region of the spleen."—*(Jacob Jeanes, M. D.)*

Frequent mistakes in writing and spelling, with aching and confusion in the head.

HEAD.

Pain on the left side of the head over the coronal suture.

Pains in the head and left arm, and a similar one in the same part of right arm.

Face flushed and headache after dinner, with drowsiness and lassitude, but inability to sleep when lying down; somewhat better going into the open air; restless sleep, with frequent wakings through the night; headache continuing until daylight.

Confused feeling, with slight aching in the head immediately.

A dull, aching pain in the forehead, over the centre, lasting, with slight intermissions, until the evening, increased by reading or writing.

Slight aching pain from the back of the head down the nape of the neck.

Oppression in the forehead over the eyes; dizziness, particularly in moving about, lasting three hours.

EYES.

Drawing sensation under the right eye, with pain in both mastoid processes, first felt and worse in the right one.

Soreness of the eyeballs from turning them ; boring pain in the right orbit.
Itching of internal canthus of left eye.
Burning in right eye ; itching in external canthus ; soreness of the tarsi of the right eyelid ; feeling of a foreign body under the upper lid of the right eye, with smarting and burning.
Heaviness over the eyes, like a weight, but no pain.
Oppression over the eyelids and slight drowsiness.
Slight aching over the eyes, particularly left eye.

NOSE.

Itching and tingling feeling in the left nostril, as if about to sneeze.
A feeling of dryness and sensitiveness of the nostrils, so that the inhalation of air of a moderate temperature (supposed 60 degrees) creates a slightly painful feeling in two hours, also second day.
Frequent sneezing, with copious discharge of thick mucus from both nostrils.
A dull aching pain over the root of the nose, in the centre, lasting until evening.

FACE AND LIPS.

Sensation of dropping under the left cheek bone.
Flushed face with heat when lying down.
Drawing pain in right cheek bone.
Constrictive feeling of mouth and tongue, especially at left commissure of the jaws, afterwards toward the root of the tongue.
Perfect dryness of the lips.

JAWS AND TEETH.

Constrictive feeling at left commissure of the jaws.
Frequent shooting pains through the teeth on the right side.

MOUTH AND THROAT.

Sensation of a lump in the upper portion of the œsophagus; dryness of the left half of the palate.
Bleeding of the gums, with putrid taste.
Pain in the region of left tonsil immediately, pain in region of right tonsil.
Great soreness, rawness, pricking dryness of the lower surface of the palate, extending forward through the whole mouth.
Thick mucus secretion in the throat, with diminution of the very unpleasant feeling of constriction, rawness, dryness and soreness of throat ; the soreness of palate and the astringent feeling in the left side of the mouth, though abated after the mucus secretion at noon, still continues to be felt after eleven hours.

A renewed secretion of thick mucus in thirty-six hours, apparently on the superior surface of the palate, removed by snuffling and hawking, with still further diminution of the soreness of the throat.

Much tickling about the top of the larynx, with disposition to hacking cough; dryness in the back part of throat.

Throat moist, showing red, elevated spots.

Increased secretion of mucus from the throat.

o Catarrhal inflammation of posterior nares and fauces.—*(Hale.)*

GASTRIC SYMPTOMS.

Violent pain in stomach followed with copious eructations of watery fluid; morning hoarseness connected with the state of the stomach; dyspeptic symptoms continue, but they are much lighter.

Sinking feeling in the stomach followed by borborygmia below the epigastrium, directly after dinner.

o Acid eructations from 5 to 6 P. M.—*(Williamson.)*

HYPOCHONDRIA AND ABDOMEN.

Pain in the left hypochondria.

Pain by jolting in stomach and both hypochondria.

Pain in region of left kidney.

URINE.

Increased quanty of urine, with *free* discharge.

Pain in bladder, caused by retaining urine; when evacuated of a deep amber color; itching and smarting in the fore part of the urethra.

STOOL AND ANUS.

Loose evacuations from the bowels.

Copious evacuations of watery stool, with tenesmus and soreness in the anus.

Ineffectual effort at stool, with free eructations of tasteless wind on rising from bed.

Pains in the abdomen, most below the umbilicus, followed by diarrhœal stools in the afternoon and evening.

CHEST.

Pain in left side of chest near the axilla, with aching in left shoulder and arm.

o Oppression in the lower part of the chest, as if the breath did not reach there; *distress in the region of the heart*, and audible "knocking" respiration (like the sound of an axe in chopping wood); pain under the short ribs, and dry cough.—*(Neidhard.)*

o Dry hacking cough of four weeks' duration, extremely troublesome day and night, and pain in the right side

about the junction of the sixth rib with its cartilage, of a year's duration; dryness of the back part of the throat.—*(Ib.)*

Difficulty in breathing.

NECK, BACK AND LOINS.

Stiffness of the nape (worse in left side), from looking up.

Rheumatic pain along the right collar bone in the evening.

Flashing of heat in the back and shoulders.

Stitching pain in right back, passing from eighth rib downwards; pains between shoulders and in neck both sides.

Cutting pains in the back under the false ribs, cutting forwards and upwards.

Slight aching pain in the nape of the neck.

* A pain commencing at the right side of the small of the back, then going down to os ischium, very sore to touch. (*Neidhard.*)

* Great rigidity of the spine; least motion exceedingly painful; the pain goes from the right to the left side of the back, and shoots down the legs.—(*Ib.*)

o Pain in the eighth dorsal vertebræ, and in the back under the short ribs; the pain is increased by movement and deep inspiration.—(*Ib.*)

Pain, heavy, aching, in the back under the false ribs, worse at night in bed, increased to a cutting pain by deep inspiration and by turning in bed.

Painful weakness ot loins when standing.

UPPER EXTREMITIES.

Heavy pain in radial muscles of left arm.

Aching in left shoulder and fingers whilst writing.

Stiff, numb feeling in palm of right hand.

LOWER EXTREMITIES.

Pricking and stinging pain in soles of both feet, as if asleep.

Stitching pain in left tibia.

Pain in heel of left foot.

ETHER AS AN ANÆSTHETIC.

Dr. D. Webster, in a report on Anæsthetics, in the N. Y. Medical, says that the *average* length of time occupied in producing Anæsthesia by Ether *is 5.84 minutes.* The shortest time recorded is one-and-a-half minutes—in a child—the longest 20 minutes.

Vomiting occurred in 42 per cent. of the cases.

The quantity of Ether consumed averaged four to six ounces.

These data are from 100 hospital cases.

The following directions are given for its easy and successful administration :

No solid food should be taken for at least four or six hours previously.

In giving Ether a newspaper cone, lined with a towel. should be used

The cone should be short, so as to be as little as possible in the way or light.

It should be *thick*, so as not to easily collapse.

The cone should be held a little way from tne patients nose while he takes the first few inspirations, so that the Ether may at first be largely diluted with air.

If the face of the patient becomes dusky, or purple, the Ether should at once be removed and the tongue drawn well forward, and water dashed in the face.

[This would seem to imply that we ought to be watching for dangerous symptoms.—*Hale.*]

CHLORAL HYDRATE IN WHOOPING COUGH.

Dr. Porter, attending Physician of the N. Y. Free Dispensary for sick children, has used the Chloral quite extensively in this disease. His success is such as to warrant its further use. He says that in not a single case has the result been unsatisfactory.

He gives *six* very severe cases to illustrate its effects. In all the very decided improvement commenced within six days. In some cases it seemed to arrest the paroxysms, in others the improvement was gradual.

He does not claim that it *cures*, but that it notably *alleviates*. Any physician who is often called upon to prescribe for children who suffer from the convulsive paroxysm, preventing sleep, and causes many disagreeable and dangerous symptoms, will not hesitate to use this agent, which is perfectly safe, with ordinary caution.

Dose : To a child one year old—½ grain every 3 hours. To older children ½ grain is added for each year—thus, a child of 12 years will bear *six* grains every three hours.

[I have used in one severe case with decidedly good results.—*Hale.*]

MONOBROMIDE OF CAMPHOR.

ANALOGUES:—*Ambergris, Coffea, Cimicifuga, (?) Gelseminum, (?) Conium, (?) Scutellaria, Thea, Valerian.*

OFFICINAL PREPARATIONS:—*Triturations.*

[The Monobromide of Camphor consists of one equivalent of camphor united with one of bromide. (C. 10. H. 16 O, Br.) It is a white crystalline sold, having the odor of camphor, and to a slight extent that of bromine. It decomposes readily when exposed to the atmosphere, to a heat of 100. This new medicine, first used by a Belgium Physician, and then by Dr. Hammond, of New York, bids fair to prove a very useful remedy. No experience with its use in homœopathic practice—save my own—has yet come to my knowledge. I give the authority, and the doses used.—*Hale.*]

o *Infantile Convulsions due to irritation of teething*, with the effect in each instance (two) of preventing the further occurrence of the paroxysms which, previously to its administration, had been very frequent. *Dose*: in each case one grain an hour, rubbed up in a little mucilage of accacia. Three doses were sufficient in one, and two in the other case. The ages of the children were respectively 15 and 18 months. *(Hammond.)*

o *A very obstinate case of Hysteria*, occuring in a young married lady, in the form of paroxysm of weeping and laughing alternately with epileptiform and choreaiform convulsions. *Dose:* four grains every hour. Improvement commenced after two doses were taken, but *ten* were necessary to entirely break up the attack. All previous seizures had lasted from five to eleven days, uninfluenced by medication or moral suasion. *(Hammond.)*

o *Headache in women and young girls* due to mental excitement and excessive study. One dose of four grains was generally sufficient to cut short the attack. *(Hammond.)*

o *Delirium Tremens*, in a large man of plethoric habits. Symptoms: great cerebral congestion, tremulousness and great jactitation of the limbs; conversation, muttering and incoherent; pulse full and soft; no sleep for several nights: 100 grs. Bromide of Sodium did not cause sleep; 5 grs. Monobromide Camphor caused sleep within half an hour; he slept on 12 hours; afterwards the same dose at night caused good sleep, and relief of all the other symptoms. *(Dr. Hamilton.)*

o *Chordee*, far superior to any other remedy I have tried. *(Hamilton.)*

[The Belgium physician who first used it recommended it highly in delirium tremens.]

o *Sleeplessness* from pain in the testicle and prostate gland, both were indurated and enlarged : 2 grains relieved the pain and caused sleep. *(Hale.)*

[Theoretically I would strongly advise its use in *cholera infautum* with impending or actual spasms ; it corresponds to all the morbid conditions of a severe case. It ought to prove very useful in many anomalous nervous diseases, especially of women and children. The first dec. trit, is quite strong enough, and acts quicker than the crude drug, but like its constituents it will not bear attenuating highly. *Hale.*]

PHOSPHIDE OF ZINC.

ANALOGUES : — *Bromides of Potash, Ammonia and Lithium, Conium, Gelseminum, Zinc ox. and met.*

OFFICINAL PREPARATIONS:—Triturations. (Even in the 2× and 3× trit. its offensive taste and odor will prove an obstacle to its administration, but it can be disguised by prescribing it in the form of a pill, very rapidly made if the trituration is made with equal parts of sac. lac. and pulv. gum acacia.

HEAD.

o Useful for the secondary effects of central congestion and apoplexy, or for the *debility, paralysis and mental depression*— preferable to Phosphorus. "My experience with this medicine has been very extensive. I have never known it to produce the least unpleasant effect, and have rarely been disappointed in obtaining the full results to be expected from Phosphorus in doses of one-tenth of a grain three times a day.— (*Hammond* on Nervous Diseases.)

o Useful in passive central congestion.

[It is perfectly homœopathic to the so-called hydrocephaloid disease of children, from loss of fluid, fever, etc. In the "brain-fog" of literary men, in conditions threatening paralysis of the central functions, and the dreadful periodical headaches to which teachers, clergymen and others who, from over-study, have produced cerebral anæmia, passive congestion, with irritation. In such cases the 3 x trit. will prove efficient.]

GENERALITIES.

o *Mercurial Trembling*, with the following symptoms : Nearly all the muscles of locomotion seemed agitated by regular and spasmodic oscillations, which seemed due to the alternate contraction and relaxation of the muscles. This trembling, more marked in the upper than the lower extremities, was increased by any attempt at motion. His walk was hesitating and difficult. He could neither feed or dress himself, and he could not speak distinctly. He was emaciated and cachectic, and looked prematurely old ; no appetite, painful digestion, and the generative faculties were wholly lost He was much discouraged and attempted to commit suicide.

(Cured in 21 days by 1/8th grain 3 times a day. But three

doses caused diarrhœa. Grain doses of the 2d or 3d trit. would have cured more safely and promptly).—*Gazette de Hopit.*

The above case strongly resembles the symptoms of zinc, especially, also phosphorus. This remedy ought to prove useful in *Chorea.*

The chemical formula of Phosphide of Zinc is P. Z n 3., and one grain represents little more than one-seventh of a grain of Phosphorus. Nine-tenths of a grain killed a rabbit of seven pounds weight.—*Ib.*

MYRTUS COMMUNIS.

(Myrtle.)

ANALOGUES :—*Byonia, Phosphorus, etc.*

OFFICINAL PREPARATIONS :—Tinctures of the leaves (and berries).

[A shrub—native of Asia. See Hering's article in Hahnemann Monthly, vol. 7, p. 62.]

(No Proving.)

CHEST.

o Pain in the chest ; cough, with tightness on the breast.

o Dryness in the throat ; pains in the throat and chest, with expectoration of blood.—(*Hbgr*).

o Acute pain in the chest ; pressing pain in the chest.—(*Ib.*)

* Stitches in the left breast, running through to the shoulder blade, as they often occur in tubercolosis. Relieves when no other remedy would.—(*Wahle*).

o Hepatization of left lobe of the lung.—(*Ib*).

* Catarrhal fever with pain in the elbows and knee-joints.—(*Ib*),

o Dry, hollow cough, from tickling in the upper anterior lobes of the left lung ; none in the morning, less tickling in the evening ; great lassitude during the afternoon hours. —(*Ib*).

o Cough, with tickling in the chest.—(*Pehrson*).

o Several homœopathic physicians besides myself have used the 3d in cases like the above, with great success.—(*Hering*).

o Throbbing ache, and stitching pain in the left infra-clavicular region, extending thence through to the left shoulder blade, aggravated by making a deep inspiration, sensation of burning in the left breast.—(*W. E. Paine*).

o Stitching pain in the left chest, from the upper portion straight through to the left shoulder blade, none from breathing, yawning and coughing.—(*Rauc*).

o "I have confirmed the above symptoms."—(*McClatchey*).

Translations from Foreign Journals,

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

THE INFLUENCE OF PHOSPHORUS ON THE ORGANISM.

BY DR. GEORGE WEGENER.

Dr. Wegener begins, that in acute cases of poisoning by Phosphorus he observed with the known alterations in most of the organs, also fatty degeneration in the peripheral arteries, which cause the hemorrhages so frequently witnessed during the course of acute poisoning by Phosph. When the poisoning takes place in women shortly before menstruation, menorrhagia may set in; in *post mortems* we find in the ovaries genuine bloody tumors; if in consequence of preceding perotinitis, strongly vascular masses of connective tissue have formed in the circumference of the uterus, the hemorrhage may also come from these blood vessels, and become very copious. He then gives a case of chronic intoxication by Phosphorus.

A young man, who worked since his fourth year in a match manufactory, but without ever feeling any evil consequences from it, was grazed by a wheel on the right lower leg. The two wounds did not touch the bones. When granulating they took on nosocomial gangrene, which was removed by caustics; extensive periostitis now set in and denudation of the tibia. Amputation was performed above the condyles, and the periosteum was found unusually loose on the bones; when, after a few days, the sutures were removed, the periosteum came off from the bone as high up as the trochanter minor, which, lying bare and superficially necrotic, protruded, as the periosteum had retracted with the soft parts. Autopsy, six days after the operation, revealed gangrenous periostitis of the femur with beginning cortical and central necrosis, nearly over the whole bone, putrid osteomyelitis, ichorous thrombophlebitis

femoralis, infarctus pulmonum and of the muscles of the right upper extremity with phlebitis, purulent exudation in the right shoulder joint, swelling of the spleen, parenchymatous nephritis and hepatitis.

He found after maceration slight general hyperostosis of the skull, slightly ossifying periostitis on the alveolar border of both jaws with intact teeth, relatively strong osteoporotic layers of deposits on the epi-and apophyses of the bones of the extremities. The unusual course of the disease and the autopsy led us to explain it by the action of the vapors of Phosphorus, to which the patient was exposed for many a year. Experiments were therefore made on animals (rabbits, dogs, cats), whereby Phosphorus was introduced into the lungs in the form of vapor, or in minimal doses directly into the œsophagus, and this for several weeks. Their general health remained undisturbed.

Action on stomach and liver : This was most clearly shown when given in pills in gradually increasing doses, so that neither acute nor subacute intoxication arose. The gastric mucous membrane becomes hyperæmic, swells, hemorrhages and hemorrhagic infarcts form, followed by ulceration. When the irritation is kept up for months, the mucous membrane becomes thickened to twice or thrice its normal size, indurated with a gray or brown pigment. Microscopally we find quantities of pigment, granules, the glands are elongated, the intestinal connective tissue developed to thick broad bands.

In the liver we find (in contradistinction to acute poisoning) great alterations in the interstitial tissue. The connective tissue round the branches of the portal were full of cellular infiltration, neoplastic formation takes place, exercising pressure on the bile vessels, as we find icterus in most cells of an acinus, whereas the peripheric cells perish by metamorphosis.

The finale of such a process is always atrophy of the liver, either as smooth induration or in the form of hepar lobatum or cirrhosis. Chronic icterus is always combined with it. The consecutive phenomena in cirrhosis always lead to a fatal issue. To produce these changes it is better to introduce the Phosphorus into the œsophagus than in the form of vapors through the respiratory organs, which always produces acute bronchitis, but tuberculosis was never observed.

Action on the osseous system: Wegener distinguishes here the cases where the phosphorus comes in direct contact with the periosteum, from those where it is done through the circulation; the former he calls its direct local action, the latter the indirect and general action. The direct local action of Phosphorus on the periosteum is brought about in all cases where the animals breathe Phosphor. vapors for weeks and for months. They soon become used to it. On the macerated bones of the skull is mostly found a still visible layer of osteophytes on the bones joining the nasal cavity. In some of the animals the upper and lower maxilla became swollen, the soft parts monstrously swollen by extensive cheesy infiltrations, so that breathing was impeded and chewing impossible. The animals died from starvation.

Such a maxillary affection was never witnessed when the animals were fed with Phosphorus; even not when the maxillary periosteum was exposed, clearly showing that the typical periostitis is a sequel of direct local action of Phosphorus. Another experiment strengthened such a conclusion. Wegener exposed the tibia of a rabbit and kept it open for several weeks; an insignificant ossifying periostitis with transient products was the consequence, but if animals thus treated came under the influence of Phosphorus vapors, a thick and dense hyperostosis was produced on the place of irritation, remaining unchanged for several months. The more extensive action of Phosphorus on the maxillæ Wegener explains by the closer contact, especially during mastication.

Wegener considers the phosphorus necrosis in man, therefore, also as only a mere local occurrence, taking place without the presence of a dyscrasia. The general action of Phosphorus on the osseous system is best shown by experimenting with growing animals. The daily dose of Phosphorus introduced into the stomach was 0.0015 grm. in young rabbits, double the quantity with young chickens or grown up rabbits.

W. used the following recipe:—Phosphori puri, 0.03; redige in pulverem subtilissimum ope syrupi simpl., 7.5; calefactis et conquassatis usque ad refrigerationem, adde pulv. rad. Glycerrh., 10.0; pulv. gummi Arab., 5.0; pulv. Tragacanth, 2.5. M. f. pill., No. 200.

Under the influence of feeding Phosphorus a tissue appears on all places where spongy osseous substance develops itself from cartilage, which even microscopically is alike to the compact cortical substance of the hollow bones. It remains without influence on the spongy osseous mass, already formed before Phosphorus was fed.

A similar action is observed on the osseous layers developed from the periosteum, but here the phosphor-layer is more dense than the normal osseous substance, and the cortical substance already formed at the beginning of the feeding, becomes thicker at the same time, inasmuch as the Haversian canals become narrower.

In animals fed for a long time with Phosphorus, the cortical substance of the bones becomes thicker than normal at the expense of the medullary substance.

Similar changes, though in a less degree, we see in grown up animals, with the exception of chickens, where the medullary cavity of the bones sometimes closes up entirely.

The chemical composition of osseous substance formed under the influence of Phosphorus does not essentially differ from the normal one.

In fractures, sub-periosteal resections, and periosteal transplantations, Phosphorus produces a quicker reformation of bone, and the new formation is more dense than usual.

If we withdraw, during the phosphorus feeding, anorganic substances, especially lime, from their usual food, the action remains the same, only instead of bones an osteoid dense tissue is formed, and the growth of the bones looks similar to those in rachitis.—*W. Med. Wochenschrift, No. 29, 1872.*

EPISTAXIS.

Dr. Roland G. Curtin recommends the following simple method of arresting epistaxis, the simple muasures usually resorted to—as cold, solution of tannic acid, alum—having failed to control it. He smears lard upon a small roll of fine linen, wrapped like an ordinary lamplighter, coats it with dry tannic acid or any other powdered styptic, and introduces it into the bleeding nostril. This plan presents the advantages of being always practicable, and of bringing the powder directly in contact with the mucous membrane without danger of wounding it or of breaking down the delicate turbinated bones.—*Cine. E. M. J., Sept., 1872.*

Book Notices, etc.

A System of Surgery, Pathological, Diagnostic, Therapeutic and Operative, by Samuel D. Gross, M. D., LL D., D. C. L. Professor of Surgery in the Jefferson Medical College, Philadelphia, etc., etc. Philadelphia: Henry C. Lea. Price, $15. For sale at Dr. Lodge's Pharmacy, Detroit.

The fifth edition of this admirable work on Surgery comes to us greatly enlarged and thoroughly revised, in two large and beautifully printed royal octavo volumes of 2,268 pages. It is illustrated by upwards of fourteen hundred engravings, a great many of which are new wood cuts, which add much to its value. The continued favor shown by the sale of four large editions within six years, proves that it has successfully supplied a want felt by American physicians and students.

It is the most complete work on the science and practice of Surgery ever issued in this country. A great deal of space is devoted to the subject of inflammation and its multifarious dependencies; but it is made more than ordinarily interesting by the manner in which it is treated, and its practical character. The chapter on Tumors is full of interesting facts.

Syphilis is very extensively treated in Chapter IX. The description of the different varieties is strictly clinical. He is no advocate of syphilization. Wounds in all their variety receive a very careful consideration in Chapter X., while railway injuries are separately treated. The remarks on general diagnosis and on operative surgery are very ably written and deserve the careful study of the young physician. The description of the various instruments and appliances used in surgery is sufficiently explicit and quite extensively illustrated. The important subject of amputation in all the different approved methods are fully described and illustrated. Excision of bones and joints, fractures, dislocations, diseases and injuries of arteries, aneurisms and injuries of the head, are all very minutely described and fully illustrated.

The description of the different forms of hernia are very clear, and the methods of operating described with more than usual care.

It is impossible to refer, even in a general way, to all the subjects taken up in this very elaborate treatise on *Surgery*. It is a first-class work, and if the treatment was only homœopathic, instead of allopathic, it would be all that could be desired.

Morbus Brighti by Joseph Buchner, Doctor of Philosophy and Medicine, Member of many learned Societies and Academies, etc. Translated by Samuel Lilienthal, M. D., New York, Philadelphia, etc. Boericke & Tafel, 1872 ; for sale at Lodge's Pharmacy, Detroit. Price, $1.25.

Our profession recognizes a debt of gratitude to Prof. Lilienthal for a large number of accurate translations. The present volume will be esteemed as an additional contribution to homœopathic literature of value, being regarded as the most exhaustive and practical treatise on the subject.

A large number of clinical cases are reported which are of practical value.

We cheerfully recommend this book to the attention of all our readers.

Scrofulous Affections and the advantages of their treatment according to the principles and experiences of Homœopathy described and demonstrated by numerous examples of successful cures by Dr. H. Goullon, of Weimar ; translated from the German by Emil Tietze, M. D. Published by Boeriche & Tafel, and for sale at Lodge's Pharmacy, Detroit, Mich. Price $2.

The title page bears this quotation from Hirschel :

"*A misunderstanding can only place the essence of Homœopathy in* small doses."

When this is understood by our opponents our progress will be much more rapid . This work contains :

I. General Pathology of Scrofulosis ; Dyscrasia related to Scrofula ; A. Tuberculosis ; B. Syphilis ; C. Sycosis ; D. Rhachitis ; II. Special forms of Scrofula ; A. Cutaneous System ; B. Muco-membranous System ; I. Organs of Sense ; II. Organs of Respiration ; III. Organs of Digestion ; C. Glandular System ; D. Scrofulous Affections of Bones and Joints ; III. Most Approved Remedies Against Scrofula ; Resume of Cures Reported.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M, D., Professor of Obstetrics and the Diseases of Women and Children in the Hahnemann Medical College, Chicago, etc.

We turn the leaves of this splendid volume of 612 pages with a pleasure and satisfaction such as we have rarely if ever experienced from any similar book.

The homœopathic profession have just cause to be proud of the talented author and his valuable achievement.

We do not mean to use language of admiration abounding in *fulsome* praise. What we have to say about this volume comes from the heart. We have been waiting for just such lectures on Diseases of Women and Children, for over twenty years. We have them now, and why should we not rejoice? The book was not *made to sell.* It is the dignified, but familiar utterance of a practical and scientific physician, The author has not feared to criticise the filmy theories of other authors, nor has he feared to go out of the beaten path of routine when the exigencies of the case demanded it, or the dictates of common sense prompted.

We cannot give the contents of the work, but suffice it to say that it comprises all the material usually included in a complete treatise on the subject.

We have noticed in the pages of the *Observer*, parts 1, 2 and 3, as they separately appeared. We will not, therefore, go over the same ground again. The whole volume in its rounded completeness is before us. It reflects great credit on the publisher, (Mr. C. S. Halsey,) who has spared no pains in getting out the book. It is unexceptionable both in printing and binding.

There are some subjects treated of, that we cannot forbear to mention. Chief among them, is the lectures on Puerperal Convulsions. In the course of this lecture Prof. Ludlam gives us an exhaustive history of the symptoms, causes, pathology, and treatment of this terrible malady. We can personally bear witness to his judgment and skill in the management of such cases. His implicit directions for the use of the *forceps*, should be carefully followed out by every practitioner. In the *treatment* of the convulsions, aside from the proper use of the

forceps, we consider the author's advice eminently sound and practical.

His advice in relation to the use of *Chloroform* is based on the results of experience, and may be implicitly followed. He says: "*Never administer Chloroform in a case of puerperal convulsions, if there is a manifest tendency to apoplectic effusion, but more especially if that effusion aleady exists,*" (page 253).

In his allusion to the power of Veratrum viride for controlling puerperal convulsions, he says he has had no experience with it, and he quotes Dr. Burt's case which was cured by eight drops every half hour.

Since Dr. Ludlam wrote that sentence, however, he has seen one case in which it certainly acted admirably. It was in a case where he was called in consultation with the writer. The woman, strong and plethoric, a *primipara* was seized with convulsions of a decidedly apoplectic nature, *before* labor set in, or rather before the os had sufficiently dilated to allow the head to pass. I had already given several doses (2 drops) before he arrived. The patient was unconscious. The os was found *dilatable*, and the forceps were applied by Dr. L. while the head was in the uterus, and delivery was safely effected without injury to the child, but the convulsions continued with terrible severity. The *Verat. v.* was continued in larger doses, with decided diminution of the violence of the convulsions. A long natural sleep followed, and the patient woke to consciousness, and made a good recovery. In the second edition of "*New Remedies*" there is abundant evidence, that the Veratrum viride, if boldly administered, is the most potent, as well as the safest remedy we now know of, for the relief of convulsions. *especially if caused by intense congestion of the brain.*

We are glad to see that he does not fear to combat the fallacious dogma as he styles it, that the *highest* potencies of Belladonna, etc., capable of controlling puerperal convulsions, (page 261.)

The lecture on *Hysteria* is very admirable, and we would commend it to the especial notice of young practitioners. It is well known that it requires more skill and judgment to manage such cases, than many really dangerous diseases.

We are pleased to see that Dr. Ludlam has taken up the disorders of the "Change of Life," and treated them in his

clear, incisive manner. These disorders are very troublesome and perplexing, and tax the skill and patience of a physician. Their successful treatment will gain him as much reputation as any other class of disorders. Physicians too often reiterate the dictum of old women, that such symptoms "must be borne" without treatment, because they are "necessary" to the "change." The fact is, they are no more *necessary* than are the distressing symptoms which sometimes accompany pregnancy. They are the "cries of a suffering organism"—as Hahnemann says, and need the relief which our remedies can generally give.

The volume closes with a Lecture on "Infantile leucorrhœa." We regret that it is so brief. In an experience in city practice we find a great number of children from three to ten years of age who are afflicted with this symptom. We have found it extremely obstinate and intractable. Dr. Ludlam recommends calcarea, pulsatilla, sepia and mercurius as most useful. To them we add *erigeron*, which has been very useful in our hands. Two cases, however, resisted all remedies apparently indicated, and only subsided under the use of injections of carbolic acid, alternated with zincum sulph.

We predict for these "*Lectures*" a wide and deserved popularity. They will raise the *status* of our school in the particular department they represent. H.

The Magnetic and Mineral Springs of Michigan to which is prefixed an essay on the climate of Michigan, by Stiles Kennedy, M. D. Wilmington, Del., Janes & Webb Publishers and Printers, 1872.

A neatly printed octavo of 128 pages illustrated by maps and lithographs, giving an account of the Springs at St. Louis, Alpena, Midland, Eaton Rapids, Spring Lake, Lansing, Fruitport, Owosso, Hubbardston, Grand Ledge, Leslie and Three Rivers.

Chapter IV contains a judicious exposé of the quacks who infest the houses prepared for accomodation of invalids at the various Springs.

Chapter II gives a very readable account of the climate of Michigan.

THE "REPLY TO BEWILDERED HOMŒOPATH."

Editor of the Observer—As one who is often *bewildered* I am grateful to him who resolves my difficulties. "S. L" will, therefore, accept my thanks. This really means more than the words express, because, you see, I have repeatedly got severely mixed over that big Gross book. I even began to entertain a very shabby opinion of my father's oldest boy and all because "Gross contradicts himself over and over." To be assured, then, that "the work needs careful weeding out to make it a sure guide," gives me a more comforting estimation of myself, and this is enough to make any one really grateful. I feel a little sore though about my lost $10, and I do think if "S. L," had only reviewed this Gross book, *and told the honest truth about it,* I should have been just $10 more grateful. What *is* the reason that the reviewers are so careful not to damn a book which deserves it? Is is because they want the buyer to have that pleasure; or does the publisher pull the string which sets the reviewers a dancing? Anyhow, I would rather stand square with the thousand readers of a book than forfeit their good opinion just to tickle one author, one editor, or a dozen publishers.

But "S. L," locates me "*surely* still in the wilderness," because "primary and secondary effects are chaff" to me. Now, I know, I aint much posted, but may be I've got out of the wilderness and am nearer the Promised Land than he imagines. You see, this primary and secondary symptom business once tickled me awfully; I Haled it with profound delight, and studied on it day and night. Just about then I visited New York City—I wanted to see a real steamboat—and one day I heard Prof. Dunham lecture. He can see every whit as far into a remedy as if he was born in Germany: some folks won't believe this, but I just *know it.* He expounded *Graphites,* and he said, "with the 200th I have cured a Graphites diarrhœa, and with the same potency I have also cured a Graphites constipation." Thinks I to myself, "how is that for *high?*" and, at last, I said, how about "primary and secondary symptoms" when the 200th will both cork and uncork? Since that time I haven't done much in the way of "individualizing the primary and secondary symptoms." Being, however, both ready and willing to learn, I beg leave to ask "S. L," what "wheat" he finds "in these alternate effects?" That the dosage makes the difference in drug effects is just what ANSTIE is teaching in *The Practitioner.* He isn't a "tyro in allopathic materia medica," and he takes this primary and secondary twaddle to explain away the homœopathicity of *Ipecacuanha* in vomiting. What "wheat" is there for "S. L." in the secondary action of *Kali brom.*? Does it indicate this remedy in delirium tremens? If so, will the doses of the Hahnemannic posology suffice? The primary action induces cerebral anæmia; the secondary sequence is cerebral hyperæmia, and, this being the condition in delirum tremens, does the "wheat" consist in giving 20 grain doses? All I ever got from this primary and secondary symptom philosophy is Clotar Muller's inevitable

ergo that the homœopathically indicated remedy really *acts* antipathically and if that is "wheat" it doesn't pay for the winnowing' So far as cure work is concerned I call this knowledge chaff—and to the homœopath chaff it is !

"And for us, who strictly individualize the primary and secondary symptoms of the patient as well as of the remedy—" Is there any "us" capable of this? Does "S. L." do it, and find "certainly some wheat in these ultimate effects?" Let me ask then, (still seeking information), what are the secondary symptoms of chorea? When this is answered, I will keep on through a long list, and on getting satisfactory replies, will at once betake me to a like *strict individualization.*

That these "alternate effects" may be utilized in making *the* homœopathic prescription is something of which I am not yet aware. The *minimum dose* is the one insuperable obstacle; and when the same remedy in the same potency cures conditions which are as pathologically antipodal as diarrhœa and constipation the primary and secondary symptom *inferences* can easily be snuffed out with a practical *cui bono*? However, if "S. L," will only point out the "wheat" I will try to make good grist of it; and if he succeeds in doing this I may yet find a fruition in studies which have been thus far nearly fruitless.

His explanation of the *Silicea* amelioration from cold food, or perhaps I should say the *Silicea toleration* of cold food, is too much like an *ipse dixit.*

Is the punctuation faulty, or does he mean that "the action of the gastric juice" makes the stomach "weak and inactive?" Surely, not this. This weakness is shown by "acidity, eructations, gastralgia and colicky pains." With such a condition, who would expect a piece of bread to sit better than meat? In such a stomach the grape sugar resulting from the action of the saliva upon the starch of the wheat would only contribute to the gastric "acidity." Such trouble as resulted from the animal food would evince itself during intestinal digestion, while the stomach itself would be more tolerant of it than of the vegetable food.

I take it that in the *Silicea* gastric condition we have such a *minus* of gastric juice as permits fermentation; hence the "acidity, eructations, gastralgia and colicky pains." This *status* is not like that of *Ammon. mur.* or *Ant. crud.* wherein the stomach is coated with so tough a mucus as to hermetically seal the gastric glands; on the contrary the *minus* of gastric juice is owing to venous congestion. When this condition obtains there must be, and there is, tonic constriction of the arterial capillaries, and it is the retarded flow of the blood through them which gives the venous dilatation. Now, what will be the effect of heat locally applied? Relaxation of both arterial and venous vessels. As the calibre of both is increased, it is evident that the relaxation of the arterial capillaries will only add to the venous congestion by increasing the amount of blood in them. If the venous capillaries did not undergo a corresponding dilatation the arterial relaxation would overcome the venous congestion. As it is the dilatation from local heat proceeds *pari passu* in both sets of vessels, and

the increased venous congestion is the pathological meaning of the aggravation from warm food.

That venous congestion exists is deduced from these facts: 1st. the recognized efficiency of *Silicea* in the pus-genetic process. 2nd., the researches of Cohnheim into the pus-genetic process. This observer has shown the presence of *stomata* in the capillary walls, and that the white blood corpuscle migrates throgh these openings. By injecting a solution of indigo into the lymph sacs in the frogs, and then exciting a traumatic suppuration in the cornea, both Cohnheim and Recklinghausen have found that the resulting pus corpuscles contained particles of the coloring matter introduced into the lymph sac. To this add the fact that *Lieut. Col. Woodward*, of the *U. S. Army Medical Museum*, found that these *stomata* are very sparse in the arterial capillaries and very numerous in the venous. Couple this with the efficicacy of *Silicea* in pus-genesis, and you have the *locus* of the action of *Silicea* and the *kind* of action.

Finally, I must tell "S. L." that he has misunderstood my use of the word *chaff* in my previous communication. If any one had endeavored to explain away Gross' contradiction, or error, in this *Silicea* modality by calling his "Predominantly better from warm diet" a secondary symptom, I should term such a solution "chaff," and I think "S. L." would say Amen to it.

Apologizing for my prolixity,

I am, yours, etc.,

"THE BEWILDERED HOMŒOPATH."

POCKET DICTIONARY.—Webster's Pocket Dictionary, in its present shape, is a great improvement over all previous editions and all similar works. In the first place it is neatly printed, and bound in morocco, with gilt edges. Then it contains 200 pictorial illustrations, which give a much clearer idea of the meaning of many words than could possibly be conveyed by the usual definition. The little volume, while being no larger than an ordinary pocket-book, embraces in its vocabulary a careful selection of over 18,000 of the most important words of the language, with definitions sufficiently clear, though necessarily brief, to meet the ordinary wants of any one requiring its use. Prefixed to the work are tables of money, weight and measure, abbreviations, words and phrases from foreign languages, rules for spelling, explanations etc. It is in fact a most valuable little book, and is doubly worth the dollar it costs. It is very beautifully and substantially bound, with tucks and gilt edges. The Publishers, Ivison, Blakeman, Taylor & Co., 138 and 140 Grand Street, New York, will forward it by mail on receipt of *One Dollar*, or it can be bought almost anywhere.

HAMILTON'S SURGERY. *The Principles and Practice of Surgery by Frank Hastings Hamilton, A. M., M. D., L. L. D.* Illustrated by 467 wood engravings. New York: Wm. Wood & Co. Just received and reserved for fuller notice.

Personal Notices, etc.

VALENTINE.—P. G. Valentine, M. D., has removed from Henderson, Ky., to St. Louis, Mo., to accept the chair of the principles and practice of Surgery in the Homœopathic Medical College of Missouri. We consider the doctor quite an addition to their already very large and able faculty, as he has more than ordinary attainments as a physician and surgeon. The doctor is already doing quite a lucrative practice, and we wish him the best of success in his new field of labor. His contributions to our pages heretofore have been always acceptable, and we hope he will write more frequently.

TALBOT.—By a letter from New York, September 23d, 1872, we are informed that Dr. I. T. Talbot, of Boston, recently President of the American Institute of Homœopathy, has within the last few days, become the father of a "bouncing baby boy," weight 12½ pounds. As this, out of a large family of children, is the first of the male gender, we feel that Providence has smiled, and trust the youngster will inherit, not only the father's good looks, but his good sense, and particularly his combativeness.

REMOVALS.

DR. R. H. MCFARLAND—From Evansville, Ind., to Henderson, Ky.

NECROLOGICAL.

DR. FREDERICK A. LORD—Died in Chicago on the 13th of September after a brief illness of six days. His disease was cerebral meningitis, supposed to have been brought on by the combined effects of a fall from his carriage and severe study.

The homœopathic profession in Chicago, and the Faculty of Hahnemann Medical College has met with a severe loss, for Dr. Lord was a favorite with all. He was a superior man in many respects, especially in all that makes the good physician. His general and private character was unblemished. He was conscientious, honest, courteous, and dignified in all his professional relations. Although having a large practice, which necessarily brought him in contact with his colleagues, his treatment of them was so scrupulously unexceptionable that no complaint ever came to the ear of the writer. In view of the jealousies of the best of physicians this was remarkable. Dr. Lord was liberally educated. He was a graduate of Beloit College and of the University of Ann Arbor, at which last he took his medical degree. In the early part of his practice he was a partner of Dr. Geo. E. Shipman, of Chicago. He was a Professor of Chemistry in Hahnemann College during the first year of its existence, and for several years, and up to the time of his decease, was Prof. of Physiological and

Medical Chemistry, also Registrar of the Faculty. He was a clear, lucd, and popular lecturer; honored and beloved by the members of the classes Personally, the writer can bear witness to the high sense of justice, and the integrity of purpose which always actuated Dr. Lord, under all circumstances. The news of his dangerous illness cast a gloom over all the physicians in Chicago. The constant attendance and advice of his colleagues solicitously tendered. The following is cut from the daily papers of Chicago:

"THE LATE PROF. LORD.—The homœopathic fraternity of this city held a meeting, Saturday evening at Dr. R. Ludlam's office, for the purpose of expressing their heartfelt regret at the death of an esteemed member, Prof. F. A. Lord, M. D. The following resolutions were adopted:

WHEREAS, In the dispensation of Divine Providence, we are called upon to mourn the loss of our friend and colleague, Prof. F. A. Lord, M. D., late of this city; therefore,

Resolved, That we hereby express our sense of the professional and public loss which is sustained in his death; and also

Resolved, That we hereby extend to his afflicted widow and family our heartfelt sympathy and condolence in their bereavement, and that a copy of these resolutions shall be sent to them in token of our common grief; also,

Resolved, That a copy of these resolutions shall be published in the various medical journals and daily press of the city.

Resolved, That in accordance with our fraternal relations with Dr. Lord, as a beloved physician, a most active member of several medical societies, an honorable representative of the medical staff of Scammon Hospital, as well as the most popular teacher of medical science in the Hahnemann Medical College, we mourn his irreparable loss, and in parting with him we shall ever recall his courtesy, his Christian conduct, and his untiring industry."

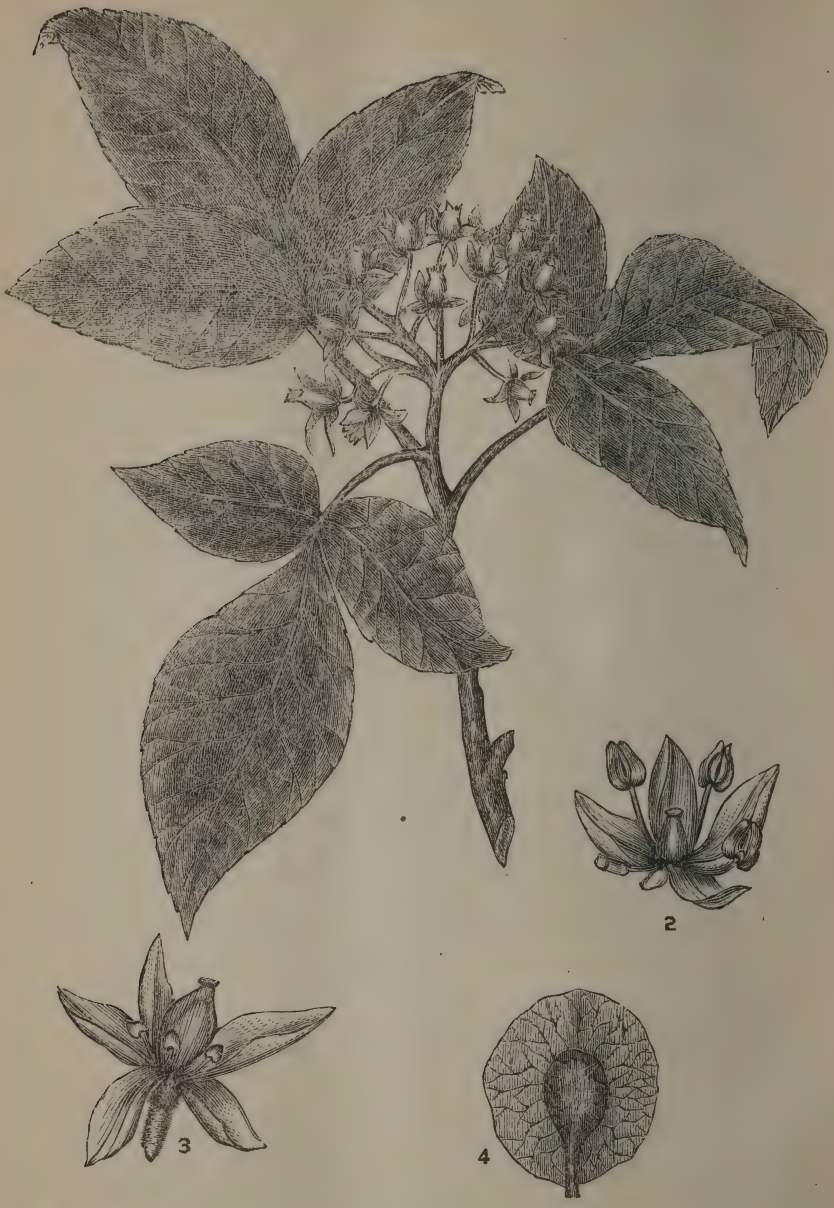
At his funeral, thirty or more physicians were present to mingle their grief with that of his afflicted family. HALE.

CLEVELAND COLLEGE.—Prof. A. O. Blair sends the following: "Special Notice. The announcement of my name as one of the Faculty of the Pulte College was entirely without my knowledge or consent. I shall, life and health permitting, deliver my course as formerly, in the Homœopathic Hospital College at Cleveland, Ohio."

This College opened with eighty students.

PULTE COLLEGE has very fine prospects of success.

DETROIT MEDICAL COLLEGE.—Just as we are making up the last pages of this number for the press we receive a long communication from Mr. Joseph Woodward, fully retracting the statements made by him, in our last number, in relation to the Detroit Medical College (allopathic). His mistake in relation to one person arose on account of this student, receiving, upon the stage, a diploma, not for himself, but for a graduate who was absent.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Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

PTELIA TRIFOLIATA.

(Wafer Ash.)

1. A branch in flower, natural size.
2. Male flower, enlarged.
3. Female flower, enlarged.
4. Samara, or seed vessels, natural size.

ANALOGUES:—*Arnica, Bryonia, Chelidonium, Nux vomica.*

OFFICINAL PREPARATIONS:—Tincture from the bark, and triturations from the tincture.

MENTAL SPHERE.

Great languor and indisposition for either mental or physical labor.

Malaise of body and mind; desire to lie down and think of nothing at all.

Inability to concentrate the thoughts, they seem to be chasing each other through the brain.

Complete incapacity for mental exertion, with headache.

Fretful and irritable at very slight cause.

Compelled to give up any attempt at exertion in P. M.

Performed his duties in a perfunctory manner.

Great mental confusion.

Extraordinary weakness of memory; inability to read names.

Peevish, irritable feeling, and intolerance of noise.

Marked forgetfulness, with increased headache, and disposition to hurry when writing.

Confusion of thought, with hurriedness of manner, forgetfulness, with mistakes in writing.

Sick and faint; desire to shrink from every mental work.

Dull and stupid feeling.

Aversion to society; a wish to be let alone.

Annoyance and irritation from ordinary conversation.

HEAD.

Pressive feeling at the base of the brain, with nausea, closely resembling the Ipecacuanha symptoms: "Headache, as if the brain and skull were bruised, penetrating through all the bones, down to the root of the tongue, with nausea."

Frontal headache all day pressing from within outwards.

Pressive pain in the frontal region, extending to the roots of the nose, as if a nail were driven into the brain (left side).

Piercing pain shooting through the temples, with increased headache and nausea.

Splitting headache, with nausea.

Piercing pain in the brain, with giddiness, and severe aching pain in the stomach.

Headache after dinner, aggravated by mental exertion.

Sharp, cutting pains through the front of the brain, alternated by pressure.

Racking frontal headache, with heat of the face and head, and great desire to hurry his business.

Heaviness in the occiput, with a gloomy feeling in the forehead.

Heavy, pressive frontal headache, worse at night, piercing from within outwards, and aggravated by stooping.

Stunning piercing headache (a similar one was cured by Rhus).

Head feels languid and heavy.

Persistent headache, with sharp pains shooting from the frontal to the left parietal region.

Frontal headache, aggravated by moving the legs and by noise.

Frontal headache, deep in the brain.

Sudden pressive pains in the temples; worse in the right.

Fine, neuralgic pains in the temples; worse in the right.

Constant dull headache, aggravated by going up stairs and by walking.

Sharp, darting pain over the left eye, extending deep into the brain.

Throbbing pains over the eye, from right to left.

Shooting pains in the head before rising in the morning.

Throbbing pain over the temples, from left to right.

Severe throbbing headache on rising, with great weakness.

Dull, frontal headache, with depression and sour stomach.

Headache, intermitting with pain in the hypogastrium, dizziness and nausea.

Pain in the left side of the head and right side of the neck.
Headache over the eyes.
Sudden pressive pain in the temples, as if they would be pressed together, or as if the right would be pressed to the left (frequently recurring during the proving).
Frontal and occipital headache.
Headache while reading.
Giddiness on rising in the morning.
Giddiness, with continued vertigo, and increased abdominal tenderness.
Giddiness of the head, when rising in the morning, and when waking, reeling as if intoxicated.
Giddiness and vertigo in the forenoon, so as to necessitate a recumbent posture.
Severe attack of vertigo, with increased headache, and aggravation of all the symptoms.
Sudden giddiness, with faintness on turning the head ; vertigo aggravated by even a gradual turning of the head.
Vertigo and nausea aggravated by rising to the feet, also by walking; inability to stand without the aid of a chair.
Vertigo and confusion too severe to permit letter writing.
Sudden attack of vertigo, lasting a minute.
Everything seemed to be in violent agitation.

EYES.

Twitching of the eyelids.
A shooting pain over the eyes, when startled.
Nervous twitching of the upper lip, extending to the left eye.
Nervous pain, extending from left arm to left eye.
Rolling the eyes upwards aggravated the frontal headache.
Pressure over the eyes, aggravated by lifting the eyebrows.
Heavy fullness over the eyes.
Pain in the eye.
Pupils contracted.
Painful sensitiveness to light, with irritability.

EARS.

Ringing in the ears, with slight giddiness.
Sensitiveness to sounds ; impressions of sounds last heard continues for a long time.
Intolerance of noise and of loud talking ; annoyance at even ordinary conversation,
Easily startled at usual sounds.
Pain in the right ear.
Continuous pain behind the right ear.
Intense throbbing pain in the ear, worse on motion.

Itching of the right ear, with inflammation and swelling, terminating in white blisters on a red base, discharging a copious watery fluid.

FACE, ETC.

Burning heat of cheek and face.
Heat of head and face, especially of the forehead.
Yellowish face, with dry, hot skin.
Sickly paleness of the face, especially around the eyes.
Pressure at the root of the nose.

MOUTH AND THROAT.

Feverishness and dryness of the lips, with thirst. *(p.)*
The lips cracked and sore, notwithstanding an abundance of saliva. *(s.)*
Burning, prickling sensation of the mouth and tongue.
Much dryness of the lips and tongue, with *hawking* of mucus from the pharynx.
Great dryness of the mouth with bitter taste.
Great dryness of the mouth and head.
Increased secretion of saliva of a saltish or bitter taste.
Drooling in the night, wetting the pillow.
Fine prickling sensation over the whole face of the tongue.
Tongue coated with a yellowish fur; the papillæ red and prominent.
Tongue dry and brownish yellow or light brown.
Tongue swollen and furred, white.
Tongue coated yellow along the center and base.
Tongue feeling as if scalded, or as after taking Aconite.
Tongue inflamed, but not swollen.
Dull, aching pains in all the teeth.
Teeth all feel sore, with increased secretion of saltish saliva.
Pain in the right molar teeth; first lower, then upper.
Teeth feeling elongated, as if something was crowding them apart.
Pain when moving the jaws.
Roughness of the fauces, with nausea.
Sensation as of a foreign body in the larynx.
Slight vertigo, with a choking feeling in the pharynx (in evening).
Soreness and inflammation of the fauces, soft palate and uvula (worse on right side).
Throat ulcerated and tongue inflamed (right side).
Distressing feeling of emptiness in the œsophagus.
Slight burning in the throat and stomach.
Hiccough.
Sense of obstruction in the larynx, on waking
Great hoarseness; inability to speak aloud.

TASTE AND APPETITE.

Appetite increased. *(p.)*

Unusual hunger; craving for acid food.

* Voracious appetite; food had not its natural taste; with pain in epigastrium following every meal; despondency.

Appetite poor; but little appetite and no thirst.

Bread seemed tasteless; all other food tasteless or unnatural.

* Great repugnance to animal food, and to rich puddings, of which he is ordinarily fond.—*Hale.*

Great repugnance to butter and fatty foods; even a small quantity aggravated the epigastric pain.—*Ib.*

Disgust at the sight or smell of food, especially of roast beef.

The taste of the medicine continually returning in gusts to the mouth, with a feeling as if vomiting would relieve.

Very little appetite, with great repugnance to butter.

Eructations tasting of the medicine, with persistent nausea.

Eructations tasting of rotten eggs.

Sour eructations.

Frequent bitter taste in the mouth, with dryness.

Taste of brass on rising in the morning.

o Dyspepsia, chronic, obstinate, (many cases.)—*Hale.*

GASTRIC.

Slight but persistent nausea.

Nausea and retching, with increase of frontal headache; aggravated by speaking.

Severe nausea, with efforts to vomit for two minutes.

o Sensation of goneness, or an empty feeling in the stomach after eating.

Nausea, with distress in the umbilical region, and headache

Increased nausea, with heat of skin and profuse perspiration on the forehead, after dinner.

Nausea and vomiting, without relief from the frontal headache.

Persistent nausea and vomiting, with giddiness and unsteadiness of the legs; aggravated by walking.

Awakened at one, A. M., by a piercing pain in the stomach, as of a weight, aggravated by motion and pressure, accompanied with eructations of a bitter fluid, with deathly nausea, confusion of head, and sweat on the forehead. (The attack lasted four hours).

Eructations, which almost caused emesis (after stool).

Griping in the epigastric region, with dryness of the mouth, yellow-coated tongue, and a bitter taste.

Eructations of bitter fluid, wiih deathly nausea.

Colic with emission of flatus and borborygmus.

o Chronic gastritis; a constant sensation of corrosion, heat and burning in stomach, with vomiting of ingesta, constipation and afternoon fever.—*P. H. Hale.*

Emission of flatus relieved by motion.

* All the gastric symptoms were much aggravated after meals.

LIVER, ETC.

Sharp pains in the right hypochondrium.

Constant feeling of weight in both hypochondria, when walking (dragging pain).

Sharp, cutting pain in right hypochondrium, aggravated by a deep inspiration (while in bed).

Occasional pains in right hypochondrium, shooting downwards.

Dull, heavy pain, apparently on the convex surface of the liver.

* Liver perceptibly swollen and sore on pressure, causing a dull, aching pain, with stitches.

Awakened by a dull, heavy pain in the liver, relieved by lying on the right side. A feeling when lying on the left side as of the liver dragging on its ligaments.

* Liver swollen, and tender to a light touch.

Heavy, aching pain in the liver, with deficient appetite.

Sharp pains in the right hypochondriac and the gastric regions, caused by rapid motion.

Awoke with hard, aching distress in the base of the liver.

* Hepatic and gastric symptoms, aggravated towards morning, awaking the prover at four o'clock.

o Jaundice, with hyperæmia of the liver.—*Miller.*

STOMACH AND ABDOMEN.

Tenderness of the splenic region, with soreness on pressure.

Abdomen swollen and tender, with severe splenic pain.

Severe abdominal pains near umbilicus; worse on motion.

Sharp stitch proceeding from the umbilicus twards the spine, when taking a deep inspiration, with increased tenderness on pressure.

A faint feeling in the stomach, with sourish eructations.

A squeezing pain in the epigastrium, worse in bed, with swollen, but not painful, abdomen.

Aching of the bowels while walking.

Throbbing, griping pains in the epigastrium, aggravated by a full, deep, inspiration, by speaking, and by pressure, causing nausea.

Pain and soreness across the abdomen, and in the epigastrium, aggravated by standing or sitting erect, and relieved by stooping forward.

Rumbling in the umbilical region, and swelling, with slight vertigo, and sweat on the forehead.
Rumbling in the bowels, and bloating, with tenderness on pressure.
Burning and great weakness at the stomach, with pain on pressure.
Griping, contractive pain in the stomach, moving downwards.
Griping, worse on pressure, in the bowels, with rumbling and bloating.
* Pressure as of a stone at the pit of the stomach, aggravated by light meals.
Colicky pains in the small intestines (during the evening).
Flying pains in the abdomen, with desire for stool.
Stomach feels empty, after eating; sensation of soreness.
Severe aching distress in the left hypochondrium.
Frequent drawing pains in the epigastric and umbilical region.
Stitches in the abdomen, relieved by pressure.
Pain in the epigastrium, with nausea.
Severe pains in the left iliac region, changing to the right; worse on motion.
Severe bearing-down pains in the bowels; spasmodic and griping, or sharp and throbbing.
Pain in the hypogastrium and bladder, with headache, intermitting during the paroxysms.
Retraction of the abdomen, with pulsations isochronous with the heart.
Soreness of the abdomen, aggravated by motion and relieved by compressing it with the hands.
Abdomen tender on pressure for three weeks after the proving.
o Ascites, probably from hepatic disease.—*Miller.*

STOOL AND RECTUM.

Sudden and unexpected urging to go to stool, which was diarrhœic, with slight tenesmus, accompanied by sweat on the forehead and head.
Urging before stool, with straining during diarrhœic stool.
Constipation. with a continual urging in the rectum.
Constant urging to stool, with rumbling in the bowels all day.
Small, hard stool, with much straining.
Hard and difficult stool, followed by smarting of the rectum.
Stools of usual consistence, with slimy coating, accompanied with straining and vertigo.

Involuntary discharge of flatus, with ineffectual urging to stool.
Urging to stool, with difficult passage of small, hard balls.
Constant, ineffectual urging to stool; a continual pressure in the rectum.
Pressure in the rectum all day, resulting in the discharge of a small stool of indurated fæces, with slight relief, apparently a true torpor of the rectum.
Pressure in the rectum, with qualmishness, aggravated by motion.
Violent urging, followed by a stool of fluid consistence and fœtid smell; the passage accompanied with chilliness and straining; and after this, renewed tenesmus.
Urging to stool, and sudden copious discharge of thin diarrhœic fæces of a cadaverous smell, with smarting of the rectum.
Pressure in the rectum, as in dysentery, not relieved by a stool.
Two stools in succession, of fæces coated with mucus, followed by tenesmus; during stool, shuddering and chilliness of sacral region; after stool, smarting of the rectum, with itching.
Copious stool of fluid consistence and bilious smell; with it was a very copious expulsion of ascarides.
Diarrhœic stools of a dark color and sulphurous smell.
Distress in the small intestines before stool.
Mushy stools.
Dark-colored, lumpy stools.
o Chronic intestinal catarrh.

GENERATIVE ORGANS.

Male.—Intense throbbing pain in the glans penis, extending into the pubic region, when retiring.
Increase of sexual desire at night.
Lascivious dreams in the morning.
Female.—Catamenia two days too early, and quite copious.

URINARY ORGANS

High-colored urine.
Urine of a deep color, and scalding slightly during passage.
Urine high colored; the yellowish-red of Neubiauer and Vogel.
Urine redder than usual during the whole proving.
Urine scanty, and of a deep-reddish or reddish-yellow tint, during the whole proving.
Urine less, with a reddish, cloudy sediment.

Urine profuse and of a light color; the quantity decreased and then increased during the proving.

A deposit of muddy sediment in the urine; afterwards whitish, with increase in quantity.

Pain in the region of the bladder, with headache intermitting.

Pain in stomach and bladder.

Uneasiness in the bladder and prostate gland, obliged to rise in the night to urinate.

Pain in the prostatic region.

Tickling and uneasiness in the urethra after urinating.

Smarting sensation in the urethra while urinating.

Burning in the urethra.

The quantity of urine increased each day, and afterwards slightly decreased. The condition of the kidneys improved by the proving.

RESPIRATORY ORGANS.

Aching pain, with occasional stitches in region of diaphragm.

Stitches in the diaphragm, arising from continued speaking.

Stitching pains in the upper part of the posterior medastinum, aggravated by breathing or a recumbent position, and accompanied with soreness of the trapezius muscles.

* Pressure on the lungs, with a sense of suffocation.

Uneasiness and difficulty of breathing, coming on as the gastric and hepatic symptoms declined; with dull pain, especially in the right infra-clavicular region, accompanied by hacking cough, without expectoration. This has approached very insidiously, and now the right lung is dull on percussion at the apex.

During a full inspiration, sharp pains shoot from the sternum towards the nipples; worse on the left.

Pressure on the intercostal spaces, close to the sternum, causes a dull, aching pain.

These thoracic symptoms are better in the house and aggravated in the keen air.

Cough, with bursting headache, in the morning.

A sharp, darting pain through the upper part of left lung; frequently returning, and aggravated by stepping downwards.

Pain in the lower part of each lung, in the evening.

Stitches through the right lung, which is sound.

Pain back of the left breast, near the axilla.

Pain under the right breast.

Cramp-like pain in the cardiac region.

* Dyspnœa; the walls of the chest feel as though they would sink in.

o Asthma (from retrocession of erysipelas.)—*Hale, Miller.*
o Phthisis with purulent expectoration of sweetish taste, and and hectic,form (probably a bronchial catarrh.)—*Miller.*

BACK AND NECK.

Severe aching in the lumbar and sacral regions.
Hard, aching distress in the dorsal region for an hour in the morning.
Pains in the left scapula—aggravated by the exertion of writing.
Bruised sensation in all the limbs and back; worse on pressure.
Rending, tearing pains in left scapula.
Drawing, aching pains in left scapula and shoulder joint.
Dull, aching pain in small of the back, aggravated by motion.
Severe pains in the back, worse in dorsal region.
Awakened by pains in lumbar region.
Hard backache the whole length of spine and back of the neck, also through the right shoulder.
Walking arrested by a cramp-like pain in left sacral region.
Lameness in muscles of the neck, right side.
The whole neck feels swollen.
Dull, heavy pain and soreness in lumbar region.

UPPER EXTREMITIES.

A tingling prickling in the hands and fingers.
A prickling numbness in the hands, which seem larger than usual.
Fine, sharp pains in the fingers.
Dull, aching distress in hands and fingers.
Hands and feet are hot, dry and feverish.
Hands and fingers cold, numb, clumsy and stiff.
Dull pains in the elbows and wrists.
Frequent drawing pains in the right elbow joint.
Drawing pain in the left elbow.
Sharp pains in the arms while in bed in the morning.
Rheumatic pains in right leg and arm.
Flying, nervous pain, alternating from the left arm to the left eye and parietal region.
Stitches in the shoulder and hip.
Wandering pains and soreness in all the limbs.

LOWER EXTREMITIES.

Aching pains in the back part of the thighs.
Aching drawing in the left ankle, aggravated by motion, extending up the calf of the leg.

Rending pains around the left knee; flying, fugitive pains, which come and go rapidly.
Legs weak, with drawing in the knees and flexor muscles.
Constant aching distress in the calves of the legs.
Severe aching distress in the legs all day.
Hard, aching distress in the right knee all the morning.
Aching distress in the knees, ankles and toes.
Sticking, penetrating pain in the left knee.
A lame spot in the right knee.
Throbbing pains in the left hip and gluteal region.
Wandering pains in the limbs and right hip.
Great weariness of the lower limbs, with trembling.
Drawing pains in the left heel.
A peculiar, reddish, clouded appearance of the skin, lasting two days.
Red spots on various parts of the body, mostly on the extremities, soon changing to purple, lasting two weeks, with itching around the spots.
Prickling like pins, mainly in the popliteal space; itching and burning, like fire; alleviated by sweating.
Itching and irritation all over, like flea-bites.
Eruption under the right ear.
A boil on the forehead.
A slight bruise inflamed and suppurated.
Vesicular eruption on various parts; burning and itching, aggravated by exposure to the air.
Profuse night-sweats.
Hot skin, with profuse perspiration on the forehead.
Dry heat over the whole body, especially the palms of the hands and the face, with a feeling as if the prover had been up all night; feeling worse when the pains are worse.

SLEEP.

Sleep sound, but haunted by frightful dreams.
Sleep deep and heavy, awaking with racking frontal headache, aggravated by rolling the eyes upward.
The sleep is broken and restless, and disturbed by frightful and annoying dreams.
Frightful dreams, awaking in a profuse perspiration.
Sleep restless, and disturbed by dreams and by drooling of saliva.
Languid on awaking and unrefreshed.
Nightmare.
Dreams of frightening; of killing snakes.
Dreams of seeing soldiers.

Dreams of food.
Dreams very vivid and life-like.
Sleep restless, dream-haunted, with pain in the liver on awaking.
Sleeplessness, almost total, from harrassing pain in the back; worse in early morning.
Excessive inclination to sleep during the day.
Languid and drowsy, by day, and bitter taste in mouth.
Attacked with a kind of nightmare, on being awakened at quarter past nine, P. M.; quite conscious, but unable to stir, on account of a pressing weight on the stomach and whole front of body.

FEVER, PULSE.

Flashes of heat, mingled with chilliness, all day. Pulse 88
Cold chills running up and down the spine.
Feverish heat, lasting all day, with pains in limbs, and nausea.
Hot, dry feeling on the body, with cold feet.
Dry heat over the whole body, with sweat on the forehead.
o Tertian ague, with profuse vomiting of bilious matters.
o Attacks of quotidian ague, continuing for two years, resisting many remedies.
Chilliness and shivering over the whole body, in a warm room; inability to keep warm at the stove (from 500 drops).
Pulse 104; and increase of 32 beats in fifteen minutes.
Shivering in a warm room, with heat of the head.
Shivering over the legs from the hips downwards.
Pulse 126, small and thready, seventy minutes after the large dose; shivering, with chattering of the teeth.
Scarcely comfortable near a large fire; but all the symptoms ameliorated in the open air.
Shivering and horripilation, and eructations tasting of Ptelia.
Aching distress in all the joints, with great languor.
Very languid and faint, with flushed face and feverishness.
Rheumatic, drawing pains in all the joints.
Pulse 72, weak and fluttering.
Pulse increased 12 beats, soft and weak.
Pulse accelerated and intermittent.
Hot and feverish all day.
Hot breath, which seems to burn the nostrils.
Hot flashes, with pain in the top of the head and in the eyes.
Profuse night sweats.
Pulse slow, strong and irregular.

GENERALITIES.

Great lassitude and weariness, with a disposition to hurry through duties.

Extreme weakness of limbs, brain. memory, thought and will; as if from a powerful and all-pervading disease.

Aching of all the limbs, especially of the flexor muscles.

A fine, violent agitation of all the muscles of the body and limbs.

Great languor and indifference to duties.

Soreness of the whole body.

Frontal headache during the whole proving.

Rheumatic, drawing, or wandering pains throughout the body.

Flighty, nervous pains, in different parts of the body.

Loss of energy, languor and depression of spirits. *(p.)*

Unusual aches and pains all over the body, especially in the abdomen and head.

Singing increases the nausea and aggravates the headache, causing shooting pains from within outwards.

Soreness and swelling of lymphatic glands under the right ear.

Great restlessness and despondency.

The symptoms assume the form of a severe bilious attack.

All the symptoms suddenly disappear after eating sour things.

All the symptoms are better in the cool, open air. *(p.)*

The thoracic symptoms are worse in the keen air. *(s.)*

The symptoms are all aggravated in the warm room.

The gastric and hepatic symptoms are aggravated by pressure after meals, towards morning and after eating cheese, rich pudding, butter, or any fatty food; but relieved by motion in the open air.

The nausea is aggravated by lying down, or by noise.

The pains in the head press from within outwards.

The headache is *worse* after eating or from mental exertion, moving the eyes, noise, walking, going up stairs, stooping, or warmth, or during the night, while in bed; but alleviated in the cool open air, or by pressure.

Predominantly aggravated in the warm room, after eating fatty food, when lying down, or early in the morning, from noise, or when stooping.

Predominantly alleviated in the cool, open air, when rising from bed, or during continued motion, and by the use of vegetable acids.

From above, downwards, from within, outwards, mainly in the right side, or from right to left.

SYMPTOMATOLOGY.*

I have lately in my reading met with two peculiar symptoms which should not be lost, one clinical and the other pathogenetic.

(1) Urine greenish and smells *fishy* (with constipation, dilated pupils, and occasional rolling of eyes during sleep.)

This group of symptoms is cured by *Oleum animale 30.* It is reported by Dr. Jacob Dixon in the *Journal of Health* for 1864, page 180.

The symptom "*fishy* odor of the urine" is very peculiar. Nitrate of uranium has it also.

Greenish urine is found under Arsenicum, Aurum, Berberis Bovista, Colchicum, China, Copaiba, Carbolic acid, Camphor, Iodine, Kali, Magnesia, Magnesia sulph., Manganum, Oleum animale, Phellandrium, Rheum, Rhodium, Ruta, Sulphur, Senega, Uva ursi, Valeriana, Veratrum.

(2) The other symptom is *iritis* produced by *turpentine,* which the allopaths use specifically in that disease. This symptom is mentioned in Henderson's work on Homœopathy; see page 239, 240, 248. At pp. 239, 240, we also find references to Nux, Sepia, and Mercurius.

I have considered these symptoms of sufficient importance to bring them prominently before your readers.

E. W. BERRIDGE.

ANTIDOTES TO CARBOLIC ACID.

Dr. T. Husemann—*Medical Press and Circular*—("Memorabilien," 1872) says that oils can be used as antidotes in poisoning by carbolic acid and creasote. Curara is no antidote. Carbolate of potash and the metals are as poisonous as carbolic acid itself. Chalk is not altogether useless as an antidote but is not so useful as the saccharine carbonate of calcium. The greatest hope as an antidote is to bring about the oxydisation of the carbolic acid. A stomach pump, if at hand, is the best remedy in poisoning by carbolic acid; emetics do more harm than good.

* British Monthly Homœopathic Review.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

THE RESPIRATORY AFFECTIONS OF CHILDHOOD.

NO. IX.—TRACHEITIS.

Is there such a disease as tracheitis? To read one series of medical authors, one would believe that there was such a disease, distinctly marked and well known, and as thoroughly understood as any malady in the nosological tables. To read another set of writers—quite as eminent and quite as well informed as the other—one would conclude from their brief remarks, and still more from the silence of some of them, that while all other parts of the human organism may be the victim of what Dr. Constantine Hering used to call "an *itis*," the trachea was the one happy spot which never knew what inflammation means. The first group of writers considers *tracheitis to be synonomous with croup.* Sir Thomas Watson—the Macaulay of English Medicine—speaks of "another of Dr. Cullen's species of cynanche; viz: *cynanche trachealis—tracheitis —croup*," and Hasse—perhaps the most eminent of the Swiss pathologists—considers tracheitis and croup to be interchangeable terms. When such curious errors are made by so many of the great lights of the school of medicine which has most zealously cultivated pathology and pathological anatomy, one does not wonder to see the author of the *Hydropathic Encyclopædia* following in their wake, in company with that towering genius of Philadelphia who usually devotes the energies of his great mind to the sale of bogus diplomas.

George B. Wood, M. D., formerly Professor of the Theory and Practice of Medicine in the University of Pennsylvania—

certainly the greatest writer on disease that the United States has yet produced—offers the following remarks: "In a pathological account of the several portions of the air-passages, it might be thought that the trachea would receive a separate consideration; but it is very seldom exclusively affected, offers no symptoms when inflamed which are not observed in other localities, and requires absolutely nothing peculiar in its treatment. The nomenclature which gives the title of *tracheitis* to croup, is founded on a false assumption in relation to the special seat of that complaint. It is true that the trachea is generally affected in croup; but it is almost never exclusively affected; nor are the peculiar features of the disease essentially connected with that part of the respiratory passages. The symptoms and treatment of tracheitis are almost always merged in those of laryngitis and bronchitis." The fact that the trachea is very seldom exclusively affected is not a good reason for passing over the disease altogether, as the same remark might be made respecting some other parts of the organism; and it is difficult to understand what is meant by the remark that it "offers no symptoms when inflamed which are not observed in other localities," seeing that tracheitis is quite different from the inflammations of kindred regions, and that the same remark might be made regarding almost any local inflammation—especially those of the encephalon. The remark that the disease "requires absolutely nothing peculiar in its treatment," is applicable to therapeutists who are groping in the twilight of allopathy, but is repudiated by those who heal the sick in accordance with a great law of nature.

Tracheitis, then, may be defined to be an inflammation of the windpipe, usually arising from exposure to cold, and this inflammation may be either idiopathic or secondary, in which case it reaches the trachea by extension from the larynx. Although the inflammation may extend *downwards* from the larynx to the trachea, it is rare to find it extending *upwards* from the trachea to the larynx, and a similar remark may be made as to the relation between tracheitis and bronchitis. Indeed, it seems to be a general law that inflammations of the respiratory organs extend downwards.

Tracheitis is usually a catarrhal inflammation, though it is sometimes sthenic. Only once has the writer seen it of a pseudo-membranous nature, and it is perhaps never diphtheritic, though diphtheria may extend from the larynx to the trachea. This disease has no separate history, for, following Cullen's vicious nosology, it has almost invariably been confounded with croup, from which it differs in many important particulars. Almost all writers who have recognized the existence of tracheitis, have remarked upon its infrequency, but a more careful examination, and especially the more frequent use of the stethoscope, would have proved that it is quite frequently met with. Boys are more subject to it than girls, and it is more frequent in fall and spring than at other seasons of the year.

Tracheitis is usually preceded by premonitory symptoms resembling those of catarrh. The patient has more or less chilliness—not the distinctly marked chill of a sthenic inflammation, but a creeping, disagreeable feeling of chilliness intermingled with heat, and this chillincss is followed by increased heat of the surface, with marked lassitude and loss of appetite. Cough is usually present, and this cough is of three tolerably distinct varieties, according as the inflammation is confined to the windpipe or touches the larynx or the bronchi. When the inflammation is idiopathic, the cough is at first dry and spasmodic, and of frequent recurrence, later there is an expectoration of thick, ropy mucus; when the larynx is implicated, the cough is hoarse, metallic and convulsive, while the breathing is loud and wheezing; when the disease invades the bronchi, the cough is dry at the commencement, but becomes looser in two or three days, with sputa of frothy mucus mixed with pus and sometimes streaked with blood. Even when the larynx is unaffected, the voice has a ringing and metallic sound, which is quite distinct from the hoarse clangor of true croup. As might be expected from the anatomical relations of the trachea and œsophagus, there is considerable dysphagia accompanied by a sense of constriction; sometimes this is so considerable that the ingesta return by the nostrils and mouth. In severe cases there is considerable swelling of the neck, but this is rare. The characteristic pain of tracheitis is a burning, stinging pain,

which is felt much lower down than the pain of laryngitis or croup.

Like croup, tracheitis usually developes itself during the night. The patient has probably been suffering from what was assumed to be a slight cold, and has retired to bed in apparently good health, but in the night it awakes with the spasmodic eough and the loud and ringing voice, while at the same time the skin is hot and the face flushed. During the day the malady intermits, but on the approach of evening the paroxysm reappears in an aggravated form and with increased fever. The cough becomes more frequent and more annoying, and the thick, ropy mucus can be distinctly heard rattling in the windpipe. Should the disease be controlled by proper treatment, the cough diminishes and the characteristic burning and stinging pain disappears; the voice resumes its natural tones, and the fever subsides, leaving behind it languor and malaise. If the patient is old enough, free expectoration takes place, but in a majority of cases the sputa are brought up to the pharynx and then swallowed. Relapses are quite frequent, and the patient is ever after subject to the disease. In cases which terminate unfavorably, the bronchial tubes become involved, the cough increases in frequency and force, the expectoration becomes purulent and profuse, the appetite fails, and the body emaciates, till the child sinks into its grave with a group of symptoms closely resembling those of phthisis pulmonalis.

Tracheitis of a sthenic nature lasts from five to seven days, and is more easily cured, and is less likely to become chronic than if it were catarrhal in its nature. It is also less likely to invade the bronchi. Pseudo-membranous and diphtheritic tracheitis are rarely present, save as parts of one general disease, from which the patient has but little chance of recovery. Catarrhal tracheitis is the most common variety, and as far as my experience goes, is comparatively easy of cure, but it often recurs and is apt to become chronic. In a great majority of cases it extends to the bronchial tubes, and this bronchitis is likely to become chronic. Chronic tracheitis may last for many months, and, as in one case which I observed may linger for a year, getting alternately better and worse, till

at last recovery takes place, Such cases may be complicated with chronic bronchitis, when, as has been remarked, tne case will strongly resemble consumption.

Post mortem examinations, as well as examinations with the laryngoscope during life, show that in this disease the lining membrane of the trachea is of an intense scarlet redness. The entire membrane is made up of a congeries of minute florid blood-vessels, so closely packed together as to give the characteristic scarlet hue. At the same time, the follicles are enlarged and very prominent. appearing like minute red points projecting from the inflamed surface, which has a kind of glazed appearance. These follicles form the source of the thick and ropy mucus which is coughed up. Softening is rarely or never present, either in this disease or in laryngitis. In chronic tracheitis the redness is less than in the acute form, and the vessels are often varicose ; the mucous membrane is often hypertophied, indurated and ulcerated.

The diagnosis is comparatively easy. There is, of course, nothing characteristic in the fever which precedes the attack, for that is merely the fever common to all local inflammations. More characteristic are the burning, stinging pain, with its peculiar anatomical seat, the clear and ringing cough, with the gurgling of mucus in the windpipe, and, in severe cases, the dysphagia, with constriction and swelling.

The prognosis in catarrhal or sthenic tracheitis is almost uniformly favorable—differing widely in that respect from laryngitis or bronchitis. The principal danger is the disposition to become chronic and to extend to the bronchial tubes. Still, one can easily conceive that there would be danger if a young infant of feeble vitality should be attacked with catarrhal tracheitis with copious secretion of mucus.

The treatment of tracheitis is simple, yet effective. The remedy for sthenic tracheitis is Aconite, given in the form of tincture or 1st decimal dilution, and this is usually sufficient for a cure. In the catarrhal form, no remedy equals Sanguinaria, which, moreover, is able to prevent extension to the bronchial tubes, and also the recurrence of the disease. I am thor-

oughly convinced that when patients subject to croup or tracheitis are treated with Sanguinaria, they lose the predisposition to these diseases. Exceptional cases may require Hepar, Spongia, Sulphur, or Calcarea.

APHORISMS.

1. Tracheitis exists as a distinct disease, though, as it often co-exists with laryngitis and bronchitis, its existence has been questioned.

2. The leading symptoms are a burning, stinging pain in the windpipe, with dysphagia and local swelling. These symptoms are preceded by fever and accompanied by dry, spasmodic cough, and ringing voice.

3. The prognosis is almost uniformly favorable, but the disposition to become chronic and to extend to the larynx should be carefully guarded against.

4. The leading remedies are Aconite for the sthenic form and Sanguinaria for the catarrhal variety. T. N.

Fœtal Femur Embedded in Uterus.—At the recent meeting of the *British Medical Association*, Dr. Evory Kennedy, late Master of the Dublin Lying-in Hospital, reported severel singular cases, among which was the following:

A lady was brought from the country, anæmic, wasted, and with a countenance expressive of pain and suffering. She had a constant fetid vaginal discharge, which was purulent and occasionally sanious. She was said to have miscarried a year before. She complained of pelvic distress, with lumbar pains and frequent micturition. On vaginal examination, the uterus was found about double its natural size; the os slightly patulous, and a solid resistance presented to the introduction of the finger. After dilatation of the os by means of a two-bladed dilator, a bony substance was found traversing the neck of the uterus at its junction with the body of the organ. It was first necessary to break the bone across with bone-forceps, before it could be detached from the uterine walls, and on being extracted, it proved to be the femur of a fœtus of about four months' development, which had, by its presence, led to the formation of an abscess in the uterine walls. The health of the woman became very much better, but was never entirely restored, although she ugain bore children, after a number of years.

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

SUDDEN DEATH BY SHOCK DURING OPERATIONS.

BY DR. BERTRAND.

Prof. Fischer, of Breslau, relates a case of sudden death in a middle-aged, but greatly-emaciated patient, after re-section of the upper maxilla. In order to render the incision of the cutis less painful, a very small quantity of chloroform was inhaled, but it was so little, that he was perfectly conscious during the whole dissection of the soft parts, and Prof. Fischer concludes his article with the following words: "There can be no doubt that the patient died from shock. If we had used large quantities of chloroform, that valuable agent would have been accused as the cause of death."

The late Prof. Simpson related the following case to Dr. Kertrend. In 1851, shortly after the discovery of chloroform, Prof. Miller had a severe case of hernia incarcerata, and Simpson proposed to apply chloroform during the operation. At the last moment it was concluded to perform herniotomy without the aid of an anæsthetic. After the incision of the cutis, the surgeon just began to separate the layers of connective tissue from the sac, when the patient suddenly collapsed and expired after a few minutes. Post mortem failed to give any clue to the sudden death, which could only be explained by shock.

Something similar happened in my practice a few years ago. Being called to a case of incarcerated hernia, I found on examination, two large inguinal herniæ, of which the left one was easily reduced, and the right one imperfectly, after great labor.

I also found a tumor simulating hern a ventralis, about the size of a walnut, very sensitive to the to h and perfectly irreducible. Other surgeons were called ir consultation, who coincided in looking upon the hernia ventralis as the point of incarceration. A very small quantity of chloroform was given, in order to facilitate the first act of the operation. Consciousness was fully maintained during the incision of the cutis, when the patient suddenly collapsed, and after a few hours he breathed his last, in spite of all our efforts to bring on reaction. The tumor, simulating hernia, only contained lumps of fat, but no intestines. *Experimentum fallax, judicium difficite!—Berl. Klin. Woch., 35, 1872.*

TRAUMATIC FEVER.

Billroth, in his recent studies on *traumatic fever*, comes to the conclusion that accumulation of heat in the body constantly takes place in consequence of muscular action (in animals) and in consequence of injections of certain quantities of ichor; his experiments also showed that simple traumata rarely produce fever during the first three hours; that any irritation of vascular nerves fails to produce it, but that more frequently fever arises after embolcis of the pulmonary arteries, and after injection of water and pus. He agrees with Liebermeister, that fever arises through increased production of heat, and not through diminution of giving off heat, and this plus of heat in traumatic fever is thus caused, that from the gangrenous or inflammatory foci particles are carried into the blood, acting on some parts of the central nervous system in such a manner that from these the regulation of heat becomes disturbed. There is no essential difference between inflammatory and putrefying production, and such products produce even inflammation. Infectious matter may thus be taken as fever-producing matter, and we may therefore have an initial fever in infectious diseases before the appearance of local diseases. Huster & Klebs' fungoid theory, that certain fungi produce the decomposition in the wound as well as the fever, may be probable, but it is not yet proven.—*Langenbeck's Archiv, xiii.* 3.

DIAGNOSIS OF PARALYSIS OF THE VOCAL CHORDS.

BY C. GERHARDT.

(*Volkmann's Klin. Vort.*)

The characteristic symptom for paralysis of the vocal chords is, that one or both vocal chords show diminished motion, although no mechanical obstacle is present. Paralysis of the vocal chords without disturbances in voice and breathing, are found with coarse anatomical changes in the brain and medulla oblongata. If only one vocal chord is paralysed, the patient speaks with a fine voice, or the voice loses only in timber and volume, or it may limit itself only to a few notes. Exclusive paralysis of both musc. crico-arytænoidei post. makes itself known by obstructed respiration, and examination with the laryngoscope reveals that even when deeply breathing, the edges of the vocal chords remain closely together. In paralysis of the musc. arytænoidei transversi the posterior part of the vocal rima gapes in the form of a triangle. There is one form of palsy of the vocal chords which may be diagnosed without the laryngoscope; it is the intermittent form, whose connection with malaria is not yet settled, in spite of its typical course. Another form, produced and cured by severe mental shocks, has the symptom that the vocal chords are unfit for the motions of speech, but they are able to cough. Tumors at the edge of the vocal chord may be diagnosed by auscultation. It is a still unexplained fact, that in unilateral paralysis of the vocal chords, not central, the same side of the soft palate will also be paralysed. Local gymnastics are a favorable treatment. Bruno advises patients, after the introduction of the laryngoscope, to pronounce vocals quickly and loud. Roebuck cured cases by the simple touch of the paralyzed vocal chord. Ollivier proposes to press with the thumb and index finger against the upper horns of the thyroid cartilage and let the patient breathe deeply and pronounce sounds on different scales during the pressure. Sedillot, Bamberger, Althaus, treat it success-

fully with electricity. Philipeaux and Gerhardt found their cases not amenable to electricity, as long as an inflammatory state prevails in the fauces, and the latter believes that some cases are produced by reflex action from some pathological changes in the fauces. Reflex paralysis af the vocal chords may also originate in the sexual organs of hysterical women, and many paralyses of the vocal chords after diphtheritis also belong to that group. In patients with goitres, which frequently have a very high voice, the change in the voice is caused by paralysis of the nerv. recurrens, and iodine may remove the pressure on the nerves, after which faradisation will act well. The hoarseness of phthisical patients frequently rests on the same basis.

CIMICIFUGA IN VARIOLA.

Dr. G. D. Norris, at a recent meeting of the Alabama State Medical convention, stated, that during the prevalence of small pox in Huntsville, certain families, at the instance of some one unknown, had resorted to the free use of the tea of the Cimicifuga racemosa, or black snakeroot of the U. S. A., (Cohosh), as a preventive of smallpox. In the families using the Cimicifuga, there occurred no case of smallpox, though some were exposed to the disease. In the same families Dr. Norris vaccinated the members, but without effect so long as they continued the use of the Cohosh; after ceasing to use the tea as a prophylactic, he again vaccinated them, when the specific effects of the vaccine virus were produced. He submitted the results in these cases as new and not without interest to the profession. *Medical News and Library.*

[*Something new*, when Dr. Hill, in his Epitome, recommended it years ago, on account of the *peculiar pains* accompanying the fever. Holcombe, of New Orleans, and Dr. D. S. Smith, of Chicago, used it some decades back, in variola and varioloids, and found it decidedly modifying the disease, preventing pitting and even the development of pustules.]

DELIRIUM.—Prof. A. Voisin remarks, that in partial delirium with hallucinations, the degeneration of the ganglionic cells is limited to the central region of the brain, but when the delirium becomes constant, with ideas chasing one another, or with

dementia, we will also find the anterior and posterior parts degenerated.—*L'Union Medicale, 25, 1872.*

INSANITY.—Dr. B. Laserre (Paris, 1872,) proves by statistic tables that all curable cases of insanity will be cured so much quicker and with far more certainty the sooner they are brought to a lunatic asylum. Of 226 patients, who were only sick three months, 213 were dismissed cured inside of the first four months of their detention in the asylum; of 212 cases sick over a year before entering the asylum, only 35 were considered curable, and 24 only left the institute perfectly cured.

TRAUMATIC RUPTURE OF THE INTESTINES.—Dr. Laudaker (B. K. W., No. 33, 1872,) reports the following case: An idiot in the lunatic asylum of Gottingen was kicked by another patient immediately over the lig. poup. dext.; it shows externally only slight redness and desquamation, but the patient complained of abdominal pains, increased by examination; became restless and anxious, and died with the symptoms of collapse, twelve hours after receiving the injury; vomiting or defecation had not taken place, nor was there any meteorismus.

Autopsy showed some remnants of food in abdomen, exudation on the peritoneum, miliary tuberculosis of liver and spleen; finally, anteriorily of the spinal column, above the sacral region, a perforation of the small intestines, five mm. long, nearly linear, horizontally to the longitudinal axis of the intestines; no other changes. The case is remarkable, as the intestine was so distant from the place of contusion, only moderately filled, and the injury itself, from external appearance, only a light one.

HOPPE-SEYLER gives, in Virchow's Archiv. lv., 1 and 2, an analysis of the fluids discharged frwm the hip joints, in arthritis deformans. He found in 1000 parts, 942.72 water, and 57.28 solid matter, mostly mucine (25.19), and albumine (20.92), of unorganic matter he only found 8.79 parts. The æthereal extract contained mostly cholesterine, some lecittin, and traces of fats.

European Correspondence.

I.

LONDON, SEPTEMBER 17, 1872.

Dear Observer :—Enclosed I send you the printed circular invitation issued for the Congress of Homœopathic Medical Practitioners, who met in York on the 4th inst. Unfortunately I was unable to attend the morning session ; but in the afternoon listened with great pleasure to the papers and discussions. As these will be fully reported to you in a short time officially, I will not undertake to do more than express the conclusions which I drew from what I heard and saw around me. Evidently the partiality of those attending was for very low dilutions, although high dilutions were spoken of with great respect ; but that rarely meant so high as the two hundredths ; and the 50,000ths of our Long Island friend were passed over as delusions. There were many evidences of the intelligence and earnestness of the gentlemen present, and the average of educational attainments among them was higher than at our Institute ; still they have not the fire and snap of our men. They lead more sensible lives and do not keep themselves so much on the strain ; and yet it was really amusing to note the earnestness with which they hurried away, giving more evidence of uneasiness at their absence for one day's congress at a city comparatively so near to them, than our men expressed after four days' labor at the great distance which they were from home.

Dr. Sharp's defence of Rhus, his "old friend," as he calls it, was very resolute, and his bright eyes sparkled again and again in the course of his remarks, and he would straighten himself up as though the excitement of the moment were lifting the weight of years quite off his shoulders ; a kind, good-natured smile never left his face for an instant, and helped the pleasing effect of the manner as well as matter of his remarks. His assertion that the spectroscope made evident a difference in the composition of fresh and old tincture quite surprised me.

Dr. Gibbs Blake drew attention to the fact that Jenner had made himself the best authority on the natural history of typhoid, by allowing the disease in hospital to run its own course. His remarks were equally interesting of themselves, but lacked the vivacious and impressive manner of his senior.

Much of the discussion after this was drowned in the din from outside ; but I recollect that the fact was brought out that in the new British Homœopathic Pharmacopœia the mother tincture is held to mean, in all cases, one of the drug and ten of alcohol, i. e., the old first decimal. A surprising thing to me was the fact that no voice was raised in defence of this new rule, established as they acknowledged it to be.

The discussion of Dr. Pyburn's paper brought Dr. Hayward of Liver-

pool to the front. He, to our shame be it spoken, has been making a careful series of experiments with Crotalus poison, importing that charming resident of our continent, and causing him, under the spell of chloroform, to yield his venom to better uses than he would himself put it to. The doctor has eleven lovely victims, and one of them has already, at various times, yielded in all, the amount of 35 minims of undiluted Crotalus venom. But the doctor is not content with Yankee snakes, and has sent for Cobras from British India, and Lachesis from South America. His remarks contained a great deal of very interesting information.

Dr. Drysdale, of Liverpool, also entered into this discussion very heartily, and speaking of the objection made by allopaths that a poison which can be deprived of its injurious properties by the digestive process, can be of no use as a medicine, made use of this happy expression: "We hope that the venom in its attenuated condition may be absorbed before the mucous membrane can exert its destructive power."

The meeting throughout was much more social than our meetings. There were only about fifty present, and the character of the men I saw would have led me to expect a more active progress in England of our school. The dominant school, however, is here thoroughly organized, and carefully abstains from such rude attacks as are made on our side of the Atlantic; but relies rather in the more potent and quieter methods of crushing the growing giant.

Of course there was a four hours' dinner in the evening, and it was my good fortune to find myself between Dr. Dun of Doncaster and Dr. Nankivell of York, and conversation never flagged for a moment. Dr. Dun had recently returned from a little escapade which shows how little years have to do with making people old. He secured a position on one of the steamers as assistant surgeon, and so made the trip to New York and back. He was there during the terrible heated term in July, and did not find it agreeable to be too earnest in sight-seeing. I am told that some years since he started a hospital in Doncaster, and when the other school saw that it was succeeding, they raised funds and built a large, fine establishment, and thus overshadowed its predecessor. It still lives, however.

Dr. Nankivell's duties as host kept him very busy, and prevented his taking a very active part in the discussions while I was there, but when he did speak, he made his love of the cause very evident. He is not only working in the field himself, but has one son already among the trained toilers and another in training, and both are highly spoken of.

After my return to London, I went to see Mr. Henry Turner, whose shop seems to be like Henry M. Smith's of New York, a place where all the homœopathic news of the day is to be found, and in fact so permeates the air that you are bound to absorb some of it, if you trust yourself inside. He has at work there a triturating machine (Hewitt's patent), which seems to be very efficient. There seems to be a great dislike here to pellets. Their use is thought to have brought much ridicule on us.

Mr. Turner gave me the address of Dr. A. C. Pope, who lives at Blackheath, one of the suburbs of London, and in fact started me on a pilgrimage to his house. One of the almost innumerable London railways took me to the doctor's in a short time. I had met him at the Congress. In the Monthly Homœopathic Review he will publish the "Transactions." They are already in press, and advance sheets will in a very short time be ready for the American journals. With English hospitality the doctor insisted on my staying to dinner, and we passed some hours in most agreeable conversation, and, when at last the doctor consented "to speed the parting guest," I felt that I had learned more, in that short visit, of my English professional brethren, than I ever knew before, and had made a valuable acquaintance.

A day or two later I succeeded in finding Dr. Quin, the London Nestor of our profession. He is unfortunately disabled from active practice by asthma. He gave me a hearty welcome, however, and was much interested in what answers I was able to give him to his inquiries in regard to our professional men and affairs.

The same day I went to see Dr. Robt. E. Dudgeon. He had been called out of town, but I accepted an invitation from his hospitable lady to dine with the doctor next day. "It is the best time to see the doctor; and then you can talk across the table. He is so much engaged you cannot make sure to find him at leisure at any other time," she said. So to dinner at the doctor's I went next day, and our conversation was transferred from the dining room to his sanctum. The doctor has been reading a paper before the Ophthalmological Congress, on the mechanism of accommodation in the human eye. Some objection was made because the substance of the paper had already appeared in print in the *British Journal of Homœopathy*. The paper has however attracted a favorable review in "*The Medical Press and Circular*. From the results of Cramer's experiment, tried successively of the opposite sides of the same eye, Dr. Dudgeon came to the conclusion that in the act of accommodation the lens rotated on its vertical axis. He has constructed a model of the eye, enlarged ten times in all its measurements, but preserving the proportions exactly. Water takes the place of aqueous and vitreous humors, and glycerine, enclosed in glass, serves for the crystalline. The doctor kindly got his model out. It worked admirably. The rotation of the lens caused a clear image to be thrown on the screen at the fundus of the eye, when the image was brought near. The doctor also showed me the spectacles which he has invented, and which enable swimmers to see distinctly under water. At a late hour I left the doctor's house feeling that he was an earnest pursuer of information and progress in the profession.

And now, dear *Observer*, if such a mere traveler's letter is likely to interest your readers, you may use it as you think best, and if it is not, I should still be glad to try again, when I shall have given myself up to the prosecution of professional labors. Hitherto I have been devoting myself to idleness, with wonderful success.

One word about some things which I noticed at the only hospitals which I have visited here—the infirmary of Manchester and St. Bartholemew's Hospital in London. In both, the operating rooms are small, the students must stand, in front of them there is only an iron rail to lean on, and the sides of the amphitheatres rise very rapidly. The students are thus brought very close together, and very much over the operator and patient. The floors are covered with kamptulicon and give no sound under the tread of the students. In the wards, most of the beds have over them, projecting from the wall at the head of the bed, a long rod or bar, from the end of which a rope suspends within easy reach of the patient, a wooden handle, by means of which he may lift or turn himself in bed.

The museum at St. Bartholemew's is well known for its excellence. In it I saw for the first time an admirable method of preserving and exhibiting dissections. In a bowl—resembling a wash bowl—plaster of Paris is placed, and on this, partly sunk below its smooth surface, is placed the preparation. The space above is filled with alcohol, and the whole covered with a glass face. The bowl is now placed in a hole in a mahogany rack. As you look at it, you see through the glass and the alcohol the dissection perfectly preserved and not distorted by drying and shrinking.

Sincerely yours,

CHAS. A. BACON, M. D.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

PROVING OF GALLIC ACID.

BY D. S. KIMBALL, M. D.

FIRST PROVING.

September 5, 8 A. M.—Took one grain of Gallic Acid, triturated with twenty grains of sacch. alb. Increased secretion of pale urine and distension of the vesica at one P. M. Ate dinner at three o'clock, and found my appetite diminished and taste not as acute as at breakfast; amorous dreams in the night.

Sept. 6.—Increased roughness and secretion of phlegm in the throat and posterior nares—had it before taking the acid, but worse now. Towards morning gnawing, faint and sick sensation in the bowels, Had a passage from the bowels as usual, only a little later; about twelve M., leaving a smarting, aching, faint, sick, hungry and gnawing sensation in the bowels, extending to the stomach, with nausea, lasting most of the afternoon. Smarting in the lower part of the bowels, extending upward to the stomach, with an astringent sensation in the same. Laid down to sleep in the afternoon, and awoke after sleeping one hour, with uneasy distension of the vesica and greatly increased flow of pale, tasteless, light-colored, limpid urine. It is proper to remark that I ate watermelon at dinner and had been constantly eating them for ten or twelve days before, excepting when I first commenced taking the medicine, and do not think this increase of urine occasioned by the melon, because it commenced with the first taking of the medicine, and before eating the melon; besides this, I had become accustomed to the melon, so that its diuretic action had ceased. Amorous dreams at night.

Sept. 7.—Symptoms the same as yesterday, only less intense, with photophobia. Nine P. M., pain in right lung lessened on lying down.

Sept. 8.—On rising in the morning, felt pain in the right lung, but not as severe as at night; increased by coughing and full inspiration. I inhaled Aconite to relieve it for fear of its becoming serious, as I suffered in the months of November and December previous, from congestion and inflammation of the lungs, more especially the right one, which was subdued by the timely administration of appropriate remedies in the incipient stage

though the effects lasted some time. Evening: The pain in the lung somewhat increased; a small pimple on the top of the head.

Sept. 9.—Before and after rising in the morning, felt soreness in the right lung on gaping and coughing, and after a full inspiration. Took phosphorus, and all the symptoms abated.

SECOND PROVING.

March 14.—Had had for several days in the morning and afternoon an aching, faint, gnawing sensation in the bowels. The relics of an old dyspepsia coming up from time to time, with an increased irritation of the hæmorrhoids after stool, rarely bleeding; also a considerable phlegm in the posterior nares, fauces and throat, especially on waking mornings. Urine straw-colored, about ten and a half ounces in the morning, and of stronger smell than usual. Dreams not unpleasant, and appetite and taste fair. Took three grains, made from three grains of the first decimal trituration and ten grains of Sacch. alb., triturated together, on an empty stomach, at half-past eight, A. M. Stool, commonly between ten and eleven A. M., delayed until three P. M. Half past six, P. M., took three grains. Slight nausea; urine somewhat increased. Retired later than usual; sleep and dreams as usual; awoke in the morning at the usual hour, mostly free from the aching, faint, gnawing sensation in the bowels, and greatly relieved of the phlegm in the throat. Urine of usual color and appearance, but increased seven ounces. Gums sore on the left side, around a decayed tooth. Less irritation of the hæmorrhoids after the stool, at one P. M.

15th.—Took two doses; the same in quantity and at the same time as yesterday. Increased secretion of urine. In the afternoon and evening, photophobia and burning itching of the eyelids; at night, dryness of the throat aud mouth, and bad taste in deep sleep and dreams; increased secretion of phlegm in the throat, though not as bad as before taking the drug. In the morning, some aching in the middle and upper part of the lungs, more in the left, extending through the muscles of the neck and right shoulder, and down the upper portion of the spine, especially on moving and turning the head. Frequent itching of the skin in various places on the body and scalp. Urine in the morning three ounces less.

16th.—At the usual hours, took three and four grains or the decimal trituration. During the day, but mostly in the forenoon, the aching in the lungs and muscles of the neck and shoulders, gradually wore off. I observed nothing worthy of note from these doses, except some photophobia and itching of the eyelids, together with the continued absence of the aching, faint, gnawing sensation in the bowels and irritation of the hæmorrhoids, as well as lessened phlegm in the throat. Urine less.

17th.—At the usual hours, took ten and twenty grains of the same as last. In the evening had some flatulency, and on retiring, pain in the bowels. In the night, and towards morning, gnawing sensation in the bowels;

less on rising, when I again felt slight soreness in the lungs and muscles of the neck, near left shoulder. Urine normal, both in quantity and quality.

18th.—At the usual hour took twenty and thirty-seven grains of the same as last. Observed nothing unusual during the day, excepting the photophobia and smarting and itching of the eyelids and inner canthi. In the evening and night, flatulency and itching of the skin in various parts. Urine in the morning twenty ounces, with some red sediment.

The medicine having cured the aching, faint, gnawing sensation in the bowels, and the irritation of the hæmorrhoids (relics of old dyspepsia) as well as the phlegm and irritation in the throat existing before taking it, seems incapable of producing other symptoms, unless taken in greatly increased doses, and not caring to produce an aggravation of the sufferings now relieved, I discontinued it for the prcsent, believing it to be the remedy in such cases.

Aug. 22.—Feeling some of my old dyspepsia symptoms for the three or four days past, such as, pain in the bowels and rather of an inclination to diarrhœa; dryness of the throat and bad taste in the mouth, mornings, photophobia and irritation of the canthi and cilia. Had indulged some in green vegetables, and had a loose stool at seven A. M. I took, at eight A. M.. three grains first decimal trituration of Gallic acid. All of the above symptoms were greatly relieved soon after, so much so, I did not take another dose until next morning, for the few remaining symptoms. At noon, appetite lessened, with an astringent taste in the mouth; increasd secretion of straw-colored urine before noon and during the day; less so during the night, and high colored in the morning; easy perspiration in the afternoon and evening; itching of the skin in various parts, in the evening, night, and next morning. Quarter before eight A. M., took another dose, same as before, but observed nothing in particular only relief of the few remaining symptoms for which it was taken.

June 21.—Have had a faint, gone, gnawing sensation for some time, in the stomach and bowels, and occasionally some colicky pain in the bowels and hæmorrhoidal vessels; aching and smarting in the lower portion of the bowels and anus, after stool; aching under the hypochondria; appetite and digestion poor, and occasional looseness of the bowels; phlegm in the throat and sometimes roughness. Took two grains (1st decimal) Gallic acid, in the morning, soon followed by much relief, and itching of the skin in the evening and next day or two.

23d.—Had been exercising very hard for the two past days, in very hot weather, which brought a return of the above symptoms, with great aching pain in the back and extremities. Took another dose, same as before, with great relief soon after. Next morning much less swelling and irritation in the hæmorrhoidal tumors. Sensation of contraction of the anus requiring a greater effort for expulsion at stool, which comes, at length in bulk, as if accumulated there. Itching of the skin in various parts of the body.

July 19th.—Irritation, roughness, and bitter phlegm, with lumps in the throat, especially mornings. Irritation and smarting in the anus and bowels, with gnawing and sensation of general weakness or faintness after stool. Took a dose of Gallic acid in the morning, same as last, with relief soon after. Two o'clock, P. M., dryness of the mouth, fauces and throat.

For two years past my teeth have decayed faster than heretofore, but whether the Gallic acid has anything to do with their decay or no, remains to be proven. Age (66), as well as the prostration from the lung complaint the year before, may account for it. Previous to this I never had lost but one or two teeth.

Book Notices, etc.

Lectures, Clinical and Didactic, on the Diseases of Women. By R. Ludlam, M. D., Professor of Obstetrics and the Diseases of Women and Children, in the Hahnemann Medical College, Chicago.

Want of space compelled us to omit the following paragraphs from our notice of this book (page 457, current volume).

In the treatment of the so-called "*ulceration*" of the os and cervix, or those conditions better known to scientific men as "granular erosion," "abrasion," etc. Dr. L. seems to rely mainly upon the use of Glycerine, Calendula, Hydrastis, Collodion, etc., *topically* with the appropriate remedy *internally*. He does not favor the use of caustics, especially such as arg. nit. potassa fusa. etc. We agree with the author that immense evil has been done by the senseless and unnecessary use of such substances. We also believe that internal treatment, a proper diet, and modified habits will in many cases cure the local pathological state. But we must assert that our experience with a weak solution of *Chromic acid*, is one of the most potent curative agents we have ever used. For several years we have used no other application, and we do not remember a single failure in very many cases where we have used it. Five or six applications are generally sufficient (with internal remedies) to bring about a healthy condition of the mucous membrane of the os and cervical canal. We use it in the proportion of *one dram* of the acid to *nine* of distilled water. Apply with a camel's hair brush or cotton—not oftener than once a week. After the application apply cotton moistened with glycerine, diluted. We do not find that the author forbids the patient to walk or ride immediately after any application to the os or cervix. He probably has mentioned it somewhere. It has always appeared to us to be a practice, which could not be

sufficiently condemned, to allow the patient to exercise soon after such applications. Yet all the uterine specialists, as far as we know, do not give any attention to this point. It is certainly the case with the allopathic.

They generally oblige their patients to come to their offices, (a most indelicate proceeding) and there they wait their turn. Each patient is treated with the same instruments, the same caustics, and each obliged to ride or walk home. I have known delicate women to ride two and three miles in a horse car or omnibus, after a severe application of Nitrate of silver, not only to the external os, but intra-uterine ! Is it any wonder that allopathic uterine specialists keep such patients under their care six and ten months ?

Under judicious homœopathic treatment, and prohibition of exercise for *twelve* hours, such patient can be cured in as many weeks. H.

The Homœopathic Vade Mecum of Modern Medicine and Surgery. By E. Harris Ruddock, M. D. Fifth edition, twenty-third thousand. London, England, Homœopathic Publishing Company, 1872.

A large number of our homœopathic domestic works being electrotyped, the new editions are mere reprints, page for page, of the old. Dr. Ruddock's appears to be well revised, re-written, enlarged, and the volume before us is increased to 842 pages. It can be safely recommended as a trustworthy guide embracing many peculiar features of practical value.

Yale Lectures on Preaching, by Henuy Ward Beecher, delivered before the Theological Department of Yale College. New York, published by Messrs. J. B. Ford & Co., 1872.

We are presented in this elegantly printed 12 mo. with the phonographic report of the course of ten lectures on Preaching delivered by Henry Ward Beecher at Yale as the first series in the regular course of the "Lyman Beecher lectureship on preaching which was founded by Mr. Henry W. Sage, of Brooklyn, N. Y., in 1871.

These lectures were received with delight by the Students, highly commended by the Professors of the Theological department of Yale, and fully merit the highest praise.

Lecture VII is devoted to "*Health as related to Preaching*," and contains a large number of good common sense observations presented in H. W. B.'s glowing style. We copy these paragraphs :

"What is health? Let me tell you that when I speak of health, I do not mean merely not being sick. I divide people into, first the sick folk; secondly, the not-sick folk; thirdly, the almost-healthy folk; and fourthly —and they are the elect—the folk that are healthy. What I mean by "health" is such a feeling or tone in every part of a man's body or system that he has the natural language of health. What is the natural language of health? Look at four-months-old puppies, and see. Look at kittens and see. Look at children from the time they are three or four or five years old. Look at young men, when they are at school and at the academy. They cannot eat enough, nor holloa enough' nor run enough, nor wrestle enough. They are just *full*. It is buoyancy. It is the insatiable desire of play and of exertion."

"The nature of the human constitution, in a state of health, is to be a creative instrument or agent; and the necessity in a man to be creating outside of himself is one of the noblest tokens of health. When one has keen kept at work and under the yoke, he has played off his surplus energy in the various channels of his business activities. We do not expect a man to bound and caper about, for the simple reason that he has other legitimate channels to work off his steam in. But let him get a vacation. He goes to White Mountains. He has three or four days of uncaring rest and nights of long sleep, and then he awakens to the stimulus of the mountains. "Well," he says "I feel like a boy again," which is only another way of saying, "I feel my health." His system is not perverted. He is rested in all his parts, and that vast amount of energy and vitality which he generates, but which in the city was worked off in professional labors and social relations, is now being collected again, the measure of the instrument is filled and it pours over. A man in health is a fountain, and he flows over at the eye, at the lip, and all the time, by every species of action and demonstration."

"I have often seen what are called over-shot wheels, where they have a very small and weak stream. They get a wheel of large diameter, and the buckets are made in a peculiar form, sloping from the mouth up. Then comes a little trickling stream which pours down into the big buckets its slow accumulation of water-weight, and it begins to turn the wheel very moderately and gradually, and so it goes. That is about the condition in which average men are working, with just enough power to turn an overshot whee But if you have a great, full, strong stream, the mere impact

of which on the wheel is enough to turn it, then the wheel is made under-shot, and the water comes dashing against the breast and bottom of it, and around it goes promptly and rapidly. The miller says, "What do I care? I have got the whole stream. There is no use in economizing my water; I will let it flow," and the water runs all the time. There are very few men that can afford to run on an under-shot wheel. Almost all men are economists of their resources, because they have not this real high health."

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A. M., M. D., LL. D., Professor of the Practice of Surgery, with operations, and of Clinical Surgery, in the Bellevue Hospital Medical College, etc., etc., New York, octavo, 943pp., illustrated with 467 engravings on wood. Published by Wm. Wood & Co., New York, and for sale at Lodge's Pharmacy, Detroit.

Prof. Hamilton's work has evidently been prepared with great care, both by author and publisher. As a text-book on surgery for the student it is without an equal for a single volume of moderate size. It is written in a very clear and concise manner, so that the reader is presented with all the instruction necessary to a good understanding of all the subjects that come under the domain of surgery. It is well illustrated, not by worn-out cuts, that have been in use for the last twenty years, but by new and beautiful engravings. The work, as with similar treatises, is divided into two portions, viz: General and Regional Surgery. While speaking on the subject of inflammation, that of irritation is also discussed, and this is set forth in such a clear and proper light that the student will be impressed with its great importance. Chapters sixteen and seventeen are devoted to the subject of fractures and dislocations. It is almost unnecessary to say that they are both graphically and thoroughly treated, as the reader is well aware that Dr. Hamilton is the author of the most reliable and extensive work on those subjects that has been printed. The healing of ulcers by transplantation is carefully explained, and sufficient of the literature added to acquaint the student with what has been done in this direction. Wounds in all their variety receive more attention than is generally given them in works on surgery, more especially gun-shot wounds, and those produced by the Indian arrow.

The author's remarks on "amputations" are clear and right to the point—and his illustrations of the different modes of amputating are the best we have seen.

We should take up too much space, were we to notice eaeh portion of the work separately, as it deserves. As a text-book for the student or the busy practitioner, we consider it is one of the best that has yet appeared, reflecting the highest credit upon its well-known and gifted writer. E. L.

Leucorrhœa, or toncomitant symptoms and its homœopathic treatment, by A. M. Cushing, M. D. Lynn, Mass.: Thomas P. Nichol, Printer, 1872. Price $1. For sale at Lodge's Pharmacy, Detroit.

A seventy-page 12mo. monograph by one of our observing physicians. The first part gives the particular symptoms relating to leucorrhœa, of Aconite, Acid mur., Acid nitr., Acid phosph., Acid sulph., Æsculus hipp., Agnus castus, Aletris far., and a hundred other remedies. The remainder contains an index or repertory.

The Science and Art of Surgery, embracing minor and operative surgery, compiled from standard allopathic authorities, and adapted to homœopathic therapeutics, &c. By E. C. Franklin, M. D., etc.

We are grateful at being able to announce the appearance of Part II. of Vol. II including pp. 217–408.

This part contains several valuable articles fully illustrated particularly under §15, on Dislocations or luxations.

§17 is devoted to Fractures. The profession look anxiously for the completion of the work, and when finished we will review it fully as it merits.

Hearth and Home, published by Messrs. Orange Judd & Co., New York City. Weekly, $3 per year.

One of the best illustrated weeklies, always bright, welcome to old and young, having engravings of a high order of merit, and literary articles interesting and instructive. We consider that this journal really deserves very high praise.

It will give to each subscriber for 1873, at $3, a chromo, "Mischief Brewing," by B. F. Reinhart; or for $4 the *American Agriculturist* also, and new subscribers will receive the numbers from Nov. to January *free.*

The Michigan Journal of Homœopathy.

The *Ohio Medical and Surgical Reporter* says of the first number of this journal:

"The Detroit School and Journal still live. But it seems to us that neither of them can command tne respect of the profession, as they should. The latter, in its prospectus and first number, does no credit to high-toned journalism. *It is conceived in hate and born in anger, aad must be converted or perish.* A journal that has no higher aim than to show up some man or set of men, cannot expect extensive patronage. We sincerely hope for better things than we can now discern in the College or Journal."

What it will say of the second number remains to be seen.

The only things we have thought it worth while to notice are spoken of, in the present issue, in the articles, "*Diplomas, regular and irregular,*" and "*Detroit Homœopathic College.*"

Visiting Lists for 1873.

A number of these are now offered for sale. The *best* is Mosman's Homeopathician's Medical Diary, which is *adapted for any year.* Two sizes are offered at very reasonable prices, and can be supplied from the office of this journal. For 30 patients, $2.00. For 60 patients, $2.75, by mail, free of postage.

It contains: 1st, a catalogue of poisons and their antidotes 2d, ready method in asphyxia, by Marshall Hall, M. D., F. R. S.; 3d, an excellent compend of Materia Mediea, with a new plan of study, which is the best in our judgment that we have seen. Following this is a host of facts, culled from "allopathic" sources, in which they ascribe homeopathicity to certain cures, which, when thrown together, comprises very nearly if not quite our entire armamentaria. A table of the pulse; a system of notation for use in a diary; obstetric calendar, to ascertain the expectation of confinement; tabular blanks for vaccination engagements, memoranda of wants, etc.; of things lent; a general monthly memoranda; obstetric memoranda; nurses addresses; addresses of friends; the black list; record of deaths; patients' No., names, address, bills and accounts, lettered and numbered, etc. etc.

American Observer.

EDWIN A. LODGE, M. D., GENERAL EDITOR.

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DIPLOMAS, REGULAR AND IRREGULAR.

The second number of "*The Michigan Journal of Homœopathy*" is issued by E. R. Ellis, M. D., as Editor and Publisher. It contains one true statement, for which Dr. E. receives our thanks: "The Detroit *observer* is not the organ, in any sense, of the Detroit Homœopathic College." Never mind the small *o*, the "*American Observer*" speaks so as to be heard. Another fact is referred to by Dr. E., thus: "a half dozen men cannot be found who will exactly agree upon a course to be pursued," etc., which doubtless refers to the fact that his colleagues do not approve of his use of vulgar vituperation instead of facts and arguments.

Charges are made against the General Editor of *American Observer* that he "advertises himself as a graduate of one allopathic two eclectic, and four homœopathic colleges, etc., etc., and

the walls of whose office is ornamented with these trashy documents, interlarded with flaming cards, with scriptural injunction to 'Do unto others as you would that others should do unto you,' etc."

On almost every page of Dr. Ellis' journal statements are made as reckless and untrue as this one. We have never made any such advertisement, and have not now, and never had, any flaming cards in our office; yet we profess to be governed by the golden rule referred to, and commend the study and practice thereof to Dr. E.

Dr. Ellis further states:

Let the reader turn to page 304, vol. II., of the "Transactions of the N. Y. State Hom. Medical Society,' which gives a tabular list of the physicians of Brooklyn, where this wonderful doctor once practiced. The record is thus: "Commenced practice, 1853;" "system first adopted, Homœopathic; "came from Canada;" "where graduated;" * * * * Remarks, "removed to Canada in 1856."

Is not this a plain statement that he graduated NOWHERE.

Now, let him "rise and explain" how he became possessed of so many diplomas, and at the same who constituted him the Censor of the Homœopathic profession of this State. Can he, DARE he, affirm that he is a graduate at all, or even that he was ever inside a Medical College. Let him do this or forever after hold his peace about men whose names he is not worthy to mention.

Dr. Ellis follows the statement copied from the N. Y. Hom. Soc. Transactions with the question: *"Is not this a plain statement that he graduated* NOWHERE?"

We reply, decidedly, *no!* and proceed to prove the correctness of our answer.

The statement occurs in a tabular list of 69 practitioners of Brooklyn, N. Y., in an historical paper by Dr. R. C. Moffat, "The Rise and Progress of Homœopathy in Kings Co., N. Y., from 1840 to 1863." Of these 69, several are stated as "*not recognized*," the records of the Kings Co. Hom. Society will show that we were present at its organization, recognized and received to membership as a regular graduate. That the name of the college does not appear in this tabular list does not show anything to the contrary any more than the same omission in relation to Drs. Robert Rosman, John Turner, J.

B. Elliot, F. G. Hunt, (Ed. North American Journal,) and other well known regular graduates.

Dr. Moffat made no intentional omission or mis-statement, and where he erred, the mistake is readily explained. His statement is that we commenced practicing homœopathy in Brooklyn, in 1853. (Dr. Ellis misquotes it—"commenced *practice* 1853.")

The facts are simply these:

We graduated Feb. 28, 1849, after actual attendance upon *three full courses of lectures and passing regular examinations*, and have since received several honorary degrees, not by purchase, but from colleges that considered we had earned such endorsement.

We commenced the practice of Homœopathy, 1850. We have resided nine years in Cincinnati, nine years in New York, and fourteen years in Detroit, and the "from Canada," and "to Canada," refer rightly to mere temporary visits to our relatives there.

Prof. Gatchell, of Kenosha, Wisc.; Prof. J. G. Hunt, of Cloverdale, Ky.; Prof. Wm. Owen, of Cincinnnati, Ohio; Dr. W. Webster, of Dayton, Ohio, and many other well known physicians, will testify to the truth of our statement as to graduation after attendance upon lectures, *of their own personal knowledge.*

We have thus unequivocally and unreservedly met the challenge of Dr. Ellis, and now propose that he, in the same frank and unreserved manner, either furnish similar proof respecting Dr. Younghusband's diplomas, or acknowledge the fact that Dr. Y. never attended a course of lectures in any medical college. It is due to himself, and to the profession here, of whom he assumes to be chief, that he do either one or the other,

We say this without any unkind feeling whatever. We may have regarded him as pompous, pretentious and pedantic, but will not readily believe he is dishonest. When the first publication was made in the *Observer* (page 152 current vol.,) respecting Dr. Younghusband's never having attended lectures, we stated that space was offered him to vindicate himself, and we now repeat the offer.

Prof. Younghusband has been publicly charged with deception in regard to his medical diplomas.

Instead of meeting this charge with rebutting proof or a manly confession that none of his diplomas were obtained after regular attendance upon two or more full courses of lectures, and submitting to the customary examinations, the matter is evaded by the statement that Prof. Y. received from the "Homœopathic Medical College of Pa.," its diploma, signed by Drs. Frost, Hering, Lippe, Raue and others.

If he ever attended the lectures of Drs. Frost, Hering, Lippe, Raue, and others, let these physicians say so. We will give a prominent place to their statement in the very next number of this journal. If Dr. Y. can give reference to any credible witness, who can prove that he ever attended a full course of lectures in any medical college whatever, our pages are open to publication of such testimony.

If such cannot be produced, if it be true that his diplomas are all irregular, that he never attended medical lectures, and was never examined for any medical degree, then let him shew that he is an honorable man, by going to some respectable college the coming winter, and next winter, take his courses, study well, pass his examinations, and then come to us in 1874 with a genuine parchment, and the profession will give him welcome and recognition.

Is this too much to ask for? If Dr. Y. says he has received a sufficient medical education, without attendance upon lectures, how can he convince students that it is necessary for them to attend lectures? If he can get diplomas without attendance upon lectures, and without passing any examinations, why may not they? Will the profession credit the statement that the Detroit Homœopathic College will not grant degrees, except on "*personal attendance and after rigid examinations*," when it fails to show that its President ever gave "*personal* attendance" to the colleges whose degrees he exhibits, or ever passed any "*rigid examination*," *or even a superficial examination, in any of these colleges?*

Since the above was written, proofs are furnished to us respecting Dr. Younghusband's diplomas of the most positive kind.

When Dr. McNeil made his statement before a medical society of this State that Dr. Younghusband had three literary and three medical degrees, and had never attended either of the colleges that granted them, we were told that this charge was not worthy of credit. Dr. McNeil afterwards made a similar declaration, which was sworn to before a Circuit Court Commissioner.

The three medical degrees are stated as :

1. One from *Laight Street Water Cure, New York City.*

2. One from the *Philadelphia University of Medicine and Surgery.*

3. One from the *Homœopathic Medical College of Pennsylvania.*

Corroborative testimony as to these degrees is furnished.

On page 276 of the Philadelphia University Jonrnal of Medicine and Surgery, March, 1869, in an account of the Twentieth Annual Commencement, the name—

Lancelot Younghusband, Michigan,

appears among the list of graduates. This is the institution that stated, through its agents, that "*no attendance on lectures is required,*" and became notorious for selling its degrees—C. O. D., and otherwise.

In respect to the degree from the Homœopathic Medical College of Pennsylvania, the following certificate is furnishe by the Dean :

PHILADELPHIA, Oct. 16, 1872.

This is to certify that a diploma was granted to *L. Younghusband,* in 1866, by our school, on account of a recommendation that he was a regular A. M., M. D., and a gentleman of good standing in the profession. *He* DID NOT ATTEND *at our school, nor was he examined by us.*

H. N. GUERNSEY, M. D.,
Dean of the Homœopathic Medical College of Pennsylvania.

At that time (1866) Dr. Y. appears to have represented himself as a *regular M. D!* How could he do it? *Had he then received any degree from any college?* Had he received the cer-

tificate of the Laight-st. New York Water Cure then? If so, was that the document he estimated as a "*regular degree?*" Was it upon that that he based his application for a diploma from the Homœopathic Medical College of Pennsylvania; and does he now esteem such a regular degree? Did he ever attend any lectures there? Are full courses of regular medical lectures ever given there? Does their certificate rank as a diploma? Does he place a high estimate upon it *now?* If so, why is it not shown? One of our Detroit physicians was requested to call at Dr. Ellis' office and see proof that Dr. Younghusband was a regular graduate. He called and was shown the diploma from the Homœopathic Medical College of Pennsylvania, *only*. He asked for the Laight Street College certificate and the diploma from the Philadelphia University of Medicine and Surgery, but they were not to be seen. Is Dr. Younghusband ashamed of them? Can he be proud of the one from the Homœopathic College of Pennsylvania, granted on a misrepresentation, *without attendance upon any lectures, and without any examination?*

We cannot give space to a consideration of the charge respecting Dr. Y.'s selling diplomas at this time. It is probably sufficient now to show Dr. Ellis' folly in attempting to screen Dr. Y. from censure in regard to the irregularity of his diplomas, by making false accusations in regard to those of

EDWIN A. LODGE.

DETROIT HOMŒOPATHIC COLLEGE.

The Detroit daily papers of Nov. 7, 1872, state that this college opened last evening, with 28 students—about one-fifth ladies; and that its prospects "*are much better than its most sanguine friends expected.*" How is this? Was it thought that the issue of ten thousand announcements will bring *less* than 28 students? Was it expected that the offer of lectures at quarter the price of the old colleges and diplomas for nothing, would not be sufficient to induce students to come? Did not the Dean of the Detroit College say that they would have over

one hundred students? Why did it take a thousand announcements to bring three students?

An actual branch of the University of Michigan, as a homœopathic college, with a faculty of able teachers, regular graduates, nominated by the homœopathic physicians of Michigan, and appointed by the Board of Regents of the University, with library, museum, apparatus, and requisite anatomical demonstrations and clinical advantages—a college so organized could have ten times as many students, 280 instead of 28; but without these essentials, the Detroit College, conducted as it now is, does not get students enough to pay its expenses.

We are frequently asked if the Detroit Homœopathic College is not a branch of the University, and recognized by the homœopathic physicians of the State. We thought that we had printed sufficient in our columns to show that it is neither. We are charged with assuming to be the censor of the homœopathic physicians of the State, and with an attempt to control the interests of homœopathy in the University of Michigan. The history of the contest proves the contrary. When it was understood that the Regents would appoint a professor of homœopathy in the University, we sent out the nomination of Prof. C. J. Hempel to all the homeopathic physicians of the State, and did not present it to the Board of Regents until *two-thirds* of our physicians endorsed it. When the Regents declined to make the appointment, but signified their willingness to establish a branch of the University, we stated distinctly, by authority of the Michigan Homeopathic Institute, on what terms that would be accepted by the homeopaths of Michigan, in lieu of the one professorship. Two-thirds of our homeopathic physicians signified their willingness to accept a branch of the University, with a full corps of professors, to be of equal rank to the medical professors at Ann Arbor, if the students should enjoy all the rights of the allopathic students and receive when graduating the University medical degree.

Does this show our desire to control the University interests without consulting the preferences of the physicians of the State? The very opposite of this. But Ellis & Co. are guilty of doing the very thing that they falsely charge us with. They

got up a private scheme to procure a branch of the University, with *themselves* as professors, and positively refused to have their plan submitted to the profession of the State. They knew it would be rejected. They knew we had obtained a two-thirds nomination for Prof. Hempel. They knew that two-thirds had expressed a willingness to have a properly organized branch of the University, and they knew, also. that not a tenth part of the homeopathic fraternity would favor their personal aggrandizement plan.

The objections to the Detroit Homeopathic College may be summed up as follows:

1. It aims to appropriate the interests of Homœopathy in the University of Michigan without the consent of the homœopathic physicians of the State.

2. It refused to submit its plans to the homœopathic physicians of the State for approval.

3. Its President, Dr. L. Younghusband, is fairly regarded as *opposed to medical education*, teaching by his own example that students need not attend lectures to obtain diplomas, or before practicing the medical art.

4. It publishes a journal which is conducted in the spirit of partizan politics. *Self* and the ring FIRST—*abuse for all opponents.*

5. It has for a homeopathic pharmacy an allopathic drug store, where "*Brigham's Red Cordial, for Diarrhœa*" is advertised on the door, and where other quack nostrums are vended.

6. It gives an engraving of a large building in Detroit, Coyl's Block, as the Homeopathic College edifice, when only a small part of the building is leased by them, the remainder being occupied by stores and offices.

7 It attempts to destroy the reputation of all who are courageous enough to expose their pretences. E. A. L.

PRACTICAL SUGGESTIONS.

BY JOHN ELLIS, M. D., NEW YORK CITY.

Infaatile Leucorrhœa is cured with the greatest rapidity and certainty by *Cannabis sativa*, 1st dilution.

Puerperal Convulsions.—Out of sixteen cases which I have seen, either alone or in consultation, only two have died, and both of them took chloroform—inhaled it. None of the rest took this remedy. *Hyosciamus* is more frequently indicated than any other remedy; have seen the 3d dilution relieve promptly, after the tincture had been tried hours before without affording any relief. *Nux vomica, Chamomilla, Belladonna, Pulsatilla*, and *Ignatia*, are the other remedies from which I have generally selected, and have usually used from the 1st to the 6th dilution, sometimes the higher dilutions. In the extremity of life, in two cases, one a delicate, nervous patient, after confinement, and the other a plethoric young woman, during labor, I rescued the patient from impending death by minute doses of the Sulphate of Morphine, estimated from the 30th to the 50th of a grain at a dose, given after every paroxysm of convulsions, and a few doses after they had ceased—not many.

Personal Notices, etc.

DUNHAM.—We are grieved to learn of the serious illness of Prof. Carroll Dunham. By direction of his physicians, he has gone to Europe. We shall hope for his return, fully restored.

HEMPEL.—Prof. Hempel has returned from Europe, we regret to say, not improved by his travels, and is now much afflicted with weakened vision.

GATCHELL.—Prof. Gatchell writes : "A periodical has been sent to me, in which I see announced that an exhaustive article by me against attempted union of old and new, the putting of new wine into old skins, will appear. I could not but wonder when I wrote it, but suppose it to be an allusion to a letter in *Observer*, in which I alluded to the Cincinnati Eclectic attempt. It certainly was not exhaustive nor exhausting."

Dr. E. R. Ellis refers to Prof. Gatchell as if he had promised to write for his journal. The article referred to will be found on page 194 of *American Observer* for 1869. The closing paragraph shows that instead of such a school as that of Ellis & Co., Prof. Gatchell had in view a college, "*as fully supplied and as amply endowed as that antiquarian school at Ann Arbor*," considering this better than the one chair of homeopathy in the University of Michigan.

MARITAL.

APPLEBY–PEASE.—At Buffalo, N.Y., Oct, 22, at the residence of the bride's parents, by the Rev. E. R. Bishop, Harrison T. Appleby and Marion, daughter of Wm. T. Pease, Esq.; all of Buffalo.

EVANS—WINSLOW.—On Sept. 19, 1872, C. Horace Evans, M. D., of Beloit, Wisconsin, to Miss Flora F. Winslow, of Kenosha, Wisconsin.

PRESENT ADDRESSES WANTED OF

Dr. S. G. MERRELL, late of Augusta, Mich.
Dr. N. R. PATCHEN, late of Charleston, Ills.
Dr. N. MILLER, late of Elkhart, Ind.

LOCATIONS.

Danville, Ind., write Dr. Haggert, there.
Goderich, Ont., write W. J. Boosey, Esq.
Carey, Ohio, write A. S. Rosenberger, Leipsig, Ohio.

REMOVALS.

BENNETT.—Dr. H. N. Bennett, from Whitehall, N. Y., to Fitchburg, Mass.
OEHME.—Dr. F. G. Oehme, from Plymouth, Mass., to Tompkinsville, N.Y.
TYDEMAN.—Dr. W. W. Tydeman, from Ashville, N.C., to Knoxville, Tenn.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

SUMBUL.

(Musk-Root.)

[From provings in Vol. ix., No. xxxvi., of the British Journal of Homœopathy, by Dr. Cattell.]

ANALOGUES:—*Arnica, Asafœtida, Castoreum, Coffea, Cactus, Camphor, Digitalis, Iberis, Ignatia, Lachesis, Naja, Nux moschata, Pulsatilla, Spigelia, Sulphur, Scutellaria.*

OFFICINAL PREPARATIONS:—Tincture and triturations of the bark of the root; dilutions.

[The Sumbul is a native of Central Asia; supposed to be an aquatic plant of the order of *Umbelliferæ*. The odor is that of musk; the taste an aromatic bitter.]

MENTAL SPHERE.

Very mirthful disposition; inclined to be gay, witty and smiling. *(p.)*

Fits of hysterical laughter and tears.

Frequent mistakes of writing or summing; one letter or figure is written for another.

Depression of spirits; provoked and enraged by the least irritation. *(s.)*

HEAD.

Dull pain and tension; fullness of head.

Round, sore elevations of the cuticle, on left parietal bone; painful when touched; dry, and coming off in dry scabs.

Vertigo on stooping, and from using warm water, moving about, or on rising from a seat; feeling a want of security.

Pains in the head relieved by warmth of fire.

FACE.

Reddish spots on the face; forehead, chin and cheeks, that contain either water or white, thick, curdy matter.

Numerous black pores on the face.

EYES AND EARS.

Sudden sensation of foreign body in left eye, like dust, obscuring the sight.
Intolerance to light, with aching pain in left eye, worse when moving it.
Swimming before the eyes.
Loud ringing and hissing in both ears.

NOSE.

Skin peels off the nose in dry patches.
Tenacious yellow mucus in nose; worse in left nostril.

[This symptom was prominent and persistent, and resembles the Sambucus catarrh. It ought to prove curative in the worst form of nasal catarrh. —*Hale.*]

MOUTH AND THROAT.

Erosion, burning heat and rawness in the throat, with tenacious mucus.
Brown coating on the tongue in the morning.
Tongue feels rough, as if scraped, with heat in the throat.
Tenacious mucus in the throat.

[The same catarrhal condition of the nasal passages extend into the throat and posterior nares. I would advise a trial of it in the *catarrhs of children, with great nervous irritation, sleeplessness and even spasms.--Hale.*]

STOMACH.

Burning dry heat, in the stomach.
Shooting pains in cardiac end of the stomach, with nausea.
Increased appetite. *(p.)* Loss of appetite. *(s.)*
Eructations of wind, with taste of food.
Pain as if a knife was cutting the stomach.
Aching in the stomach, increased by pressure.

ABDOMEN.

Tensive pain and gnawing in right hypogastrium.
Abdomen full, distended and painful.

RECTUM AND STOOL.

Constipation for eleven days.
Stool, with great expulsive efforts, preceded by sickliness, commotion of intestines and sickly pain in left inguinal region; rather soft, very long and thin, with sensations as if rectum protruded and anus was not closed.
Frequent inclination to stool, which is likely to be loose, without stool.
Liquid and small stool, followed by burning and cutting in the anus.
Thin stools, scanty, with much tenesmus.

o *Ascarides*, with bloated, drum-like abdomen and constipation; picking at the nostrils. (Two cases cured by the 15th dilution.)

URINARY ORGANS.

Urine clear, when passed, with white, small threads; after some hours, a white cloud forms, in which the threads look like white spots.

White sediment, the urine passes freely and painless.

Urine clear, yellowish-red, cloud in the bottom, and an *oily pellicle on surface.*

Urine deposits a rosy sediment.

Frequent desire to urinate.

SEXUAL ORGANS.

Male:—Heat and burning sensation in the genitals.

Increased sexual desire, with frequent erections.

Tingling in glans penis, the left scrotum hot and inflamed.

Phimosis; excretion of whitish curdy matter abundantly between glans and prepuce; glans and prepuce bluish-red and swollen; testes on left side dark red, entirely excoriated.

Saltish-smelling semen from genitals, with exudation of greenish-yellow pus from excoriated surface of scrotum.

Violent preputial gonorrhœa, oozing pains, feeling as if drops were passing from the end of penis.

Pains in penis when pendant; relieved by being kept up.

Dreams of an emission, at first with, then without an emission, (Dioscorea).

[Ought to be tried in gonorrhœa, gleet and balanorrhœa.]

Female:—During catamenia, pains around the head, from cerebellum to frontal region.

Leucorrhœa (white), especially after sitting, which continues.

o "Cork-screw" pains in the *left* region of the uterus and its appendages.—*Cattell.*

LARYNX.

Cough from tickling in the throat.

Cough, hacking, detaching sweet mucus into the throat.

CHEST.

Dull pains through the left chest, worse on moving the left arm or leaning forward.

A jerking inspiratory murmur, very distinct, below left nipple, over seat of pain; not so on right side.

Prickings in left chest, in a line with nipple, externally.

Tensive pain like a string pulling in right breast.

Tightness, tensive, stretched feeling across chest between left breast and sternum, and in left breast, worse on inspiration.

[It corresponds to the symptoms of spasmodic and hysterical asthma. It is used as a "patent medicine specific" for asthma, and with some popularity. A Dr. Weaver, in "*Investigator*," says it works like a charm in asthma," and that it arrested the paroxysm in an "old case." I think it will prove useful in cardiac-asthma.—*Hale.*]

HEART AND CIRCULATION.

[In the North American Journal of Homœopathy, May, 1872, I published the following "Heart Symptoms of Sumbul," as a study, illustrative of the best plan of studying the cardiac symptoms of our medicines.—*Hale.*]

MOTOR SYMPTOMS.

Palpitation of the heart, with transient flushes of heat, irregular and weak pulse.

The heart beats softly, *as if in water*, with "sinking" of the heart, sickliness and faintness all over.

Palpitation of the heart, from the least exertion; going up stairs; increased by paying attention to it.

Violent and irregular palpitation, with bellows sounds.

Palpitation and jerking of the heart, at intervals, worse during the flushes of heat, after drinking "stout," and in the evening.

Intermittent palpitation, uneasiness over the heart, jerking whilst lying down or sitting.

Pulse: *irregular pulse;* at times *weak*, at other times *strong*, ranging from 100 to 70 per minute; always *compressible*, and attended with transient flushes of feverish heat; skin moist.

Pulse very irregular, strong, then "narrow," or weak, low, with occasional full, quick beats, 100 to 60, compressible; with coldness of the body.

PHYSICAL SIGNS.

The action of the heart full and sharp, strokes at times irregular, beating rapidly eight or ten times, then slowly, (like Arnica and Spigelia.)

Heart's impulse strong, *jerking*, especially after exertion, or when ascending stairs, and during digestion.

Posteriorly, over left scapular region, an indistinct viscid murmur and purring sound, similar to that which has been supposed to depend on muscular contraction, and often associated with rheumatism (like Spigelia); this sound is not heard at all, anteriorly.

Bellows sound of the heart, with violent and irregular palpitations, and flushes of heat in floods from the back.

[These last two symptoms were removed by Spigelia 3d.]

SENSORY SYMPTOMS.

Lancinations and biting pains in left breast, increased by a deep inspiration.

Sharp pains, like a knife, in the left chest, every day.

Tightness—a tensive, stretched feeling across the chest, between left breast and sternum, and in left breast; worse on inspiration.

Oppression in left chest, clogged sensation, as if it were difficult to force the blood through that lung; *(s.)* worse on stooping.

Chest on left side feels loaded and oppressed, with choking constriction (in chest)?

Dull, tensive pains and pricking in left chest, under armpit and near nipple, in a line with it externally.

Dull pains through the left chest, worse on moving the left arm or leaning forward.

Dull, tightened pain in left chest, on blowing the nose.

Pain like a knife darting through left chest, from a spot a little below the breast, with flashes of heat; worse after meals: with irregular pulse.

Pricking as of needles in left chest.

CONCOMITANT SYMPTOMS.

Near:—Aching, bruised beaten sensation in the muscles of left arm.

The hand (left) was ruddy, with distended veins, flushes of heat, and very irregular pulse.

The left hand red, with painfully distended veins; the veins become empty when raising the arm, but painfully distended on depressing it.

Left arm numb, heavy, and weary, with sharp, wiry, shooting of the fingers, laterally, and in the joints of second and fourth fingers.

The left arm easily numbed by the slightest cold, or by resting it on anything; causing tingling, pricking numbness; the lateral surfaces of the fingers felt sore, and the arm felt bruised. The left arm and hand is easily chilled and numbed in the cold, despite gloves and friction; the fingers, especially the third and fourth, are then bluish-white; the nails blue, with a sensation as if they were being rooted up; when brought into the warmth, this hand is slow in recovering itself, and held near a fire, or in a heated room, its vessels become distended much more than those of the right, and in a cool temperature this is some time in disappearing. (The left suspender is inclined to slide off the shoulder.)

The whole *left side* of the body is similarly affected, easily benumbed, with loss of elasticity in the blood-vessels.

Flushes of heat, with dry or moist skin; palpitation of the heart, and irregular compressible pulse; sensation of throbbing in neck, head, (left side most).

Remote:—Vertigo on stooping, or using warm water; fainting, swimming before the eyes, loud singing and hissing in both ears, weakness and trembling; worse in evening

Faint feeling, and tendency to faint on slightest exertion, after excitement, and on hearing music.

Hysterical mood (even in men); alternate laughter and tears; easily excited; emotional; irritable; fidgetty; at first the spirits are exalted, then depressed.

Dreams of falling from a great height.

An oily pellicle on the urine, and a tenacious, ropy, rose-colored sediment.

Rheumatic pains in various parts of the body, joints, muscles, especially of the *left* side.

NECK.

Pressive feeling on nape of neck, left side, which is swollen and hot.

Sensation of throbbing in neck and nape of neck, on left side, increased by heat.

BACK.

Aching pain across lumbar region of the back.

Pains in left lumbar region of back, and pricking in right side under the ribs.

Frequent chills through the back, with debility.

Frequent feeling as if hot water passed through the lumbar vertebræ.

Tensive pains and pulsations in swelling, extending down left side of spinal column, not tender to touch or pressure.

EXTREMITIES.

Aching, beating sensation in muscles, chiefly triceps of left arm.

Rheumatic pain from right knee to ankle, when walking.

Tensive pain in left shoulder.

Aching pain down left arm, and in knuckle-joint of the fore-finger.

Debilitated muscular power.

Jerking in the limbs and starts in the muscles, even to contortion of the whole body.

Aching in knee-joints, worse from heat.

Sensation (painful) as if internal ligaments of right knee were loosened, on stepping.
Shooting pain from back of ring finger to wrist of left hand, (ulnar nerve).
Twitching pain in left iliac region.
Numbness of left arm.

SLEEP.

Sleep, with prolonged amorous dreams.
Unpleasant dreams, not frightful.
Sleeplessness, from nervous excitation.

FEVER.

Dry transient heat over the body increased by exertion.
All the symptoms accompanied by heat.
Flushes of heat in the throat, mouth and head.
Sensation of cold wind blowing on the lumbar region.
Heat and profuse sweat at night in bed.
Coldness of the body, pulse 66.
o Marked benefit in low and nervous fevers succeeding typhus.
* Typhoid fever with cerebral excitement.
Numbness and coldness of the tips of the fingers.

SKIN.

Itching in the skin; miliary spots on back, especially right shoulder blade and hip, which provokes scratching till they bleed.
Skin dry, as if washed in acid water.
Coldness and dry, white shrunken skin.
* Porrigo in infant on the left scalp, spots round and dry, slightly raised and reddened at the edges with bran like scales in the centre.—*Dr. Cattell.*

GENERALITIES.

o Dropsy dependent on impaired nervous vitality.
o Hysteria and hysterical spasms.
o Epilepsy, she falls suddenly forward foaming at the mouth unconsciousness.—*Dr. Cattell.*
o Chorea, with ravenous appetite, constant jerking of limbs and head with protrusion of the tongue; happy disposition, with continued and inappropriate smiling; constipated bowels; vomiting of food; idiotic expression; fears she shall go mad.—*Ib.*
* Tendency to faint from the slightest cause.—*Ib.*
A want of elasticity in the blood vessels.

SULPHATE OF NICKEL.

ANALOGUES :—*Arsenicum, Atropine, China, Quinine, Gelseminum, Kali brom., Zincum.*

OFFICINAL PREPARATIONS :—Triturations ; attenuations.

(*No provings.*)

o Violent periodical headaches.—*F. V. Simpson.*

[This eminent physician found it useful in periodical headaches of various kinds, after Arsenic and Quinine had failed to prevent thoir recurrence."]

o Periodical headache of many years standing.—*Hale.*

[In two cases where I gave it for this affection it omitted the paroxysms, which did not return for nearly a year. The remedy omitted them again. It was prescribed in the 2 x trit. A grain three times a day.]

o Neuralgia.

[" Mrs. B. had suffered with Neuralgia for more than three years. During the last two months the paroxysms have been very violent and frequent, occurring every few minutes. She had taken Iron, Quinine, Strychnine, Colchicum, Aconite, Morphine, Chloroform, Valerian, Zinc, Mercury and Electricity, with only temporary relief. I began by giving half grain doses three times a day. In less than a week the paroxysms were reduced to only one within twenty-four hours ; then the paroxysms appeared later every day, and finally disappeared. It seems to act like Bromide of Potassium. It reduced the pulse and produced sleep. It soothed pain quicker than Morphine (in this case).—*Dr. ——, Richmond Medical News.*]

o Periodical headaches, every two weeks, lasting three or four days.—*Dr. A. E. Small.*

[In this case the pain seemed to be most acute at the root of the nose, extending to the vertex and through the temples. She had some nausea but no vomiting. She was unable to raise her head from the pillow when the attack was on her. The distress was so great that she lay and groaned in anguish. Cuprum, Ignatia, Sepia, Calcarea and Sulphur, did not relieve. Two-grain doses of the 3d x trit. every day suspended the paroxysms four months—a respite she had not enjoyed for ten years.—*U. S. Medical and Surgical Journal, Oct., 1871.*]

[The pathogenesis of *Carbonite of Nickel*—from Hartlaub & Trinks Annual—see Symptomen Codex—is quite suggestive in this connection, and contains some notable headache symptoms, but it seems to be a neglected remedy, as are some other apparently well proven medicines.—*Hale.*]

IN WHAT WAY IS THE ACTION OF DRUGS TO BE DISCOVERED?*

BY WILLIAM SHARP, M. D., F.R.S.

"The qualities of bodies are known to us only by experiments."
SIR ISAAC NEWTON.

Nothing more clearly betrays the extent of the weakness and infirmity into which the human mind has fallen than the perverted ingenuity it has shown, and the mistaken ways it has followed, in respect to the ends at which it has aimed.

On most, if not on all subjects which man's mind has attempted to investigate, many erroneous methods, probably all possible ones, have been pursued, before the true method has been found.

We shall see an eminent illustration of this fact if we now consider the action of drugs, and take up the first question proposed, namely, in what way is the action of drugs to be discovered?

If we look back through the avenue of five-and-twenty centuries, we shall find that the knowledge of the action of drugs has been sought for in very various ways. We shall see that some of these ways are manifestly wrong, and that the rest are more or less imperfect. The orthodox school of medicine acknowledges that all have failed.

* * * * * * *

The various ways are as follows:—

1. Drugs have been regarded superstitiously.
2. They have been viewed astrologically.
3. They have been studied with reference to their sensible properties—such as form and color, taste and odor.
4. Drugs have been studied chemically.
5. They have been studied mechanically.
6. They have been studied botanically.
7. They have been studied pathologically
8. They have been studied empirically.
9. They have been studied mainly for their indirect action.
10. Experiments on animals.
11. Experiments on the sick.

* British Monthly Homœopathic Review.

The time allotted for the reading of Papers at this Congress will not allow me to ask your attention to more than one chapter; I therefore remark that the conclusion arrived at, in the examination of each of these ways, is that it has failed; and proceed to read of another way, which has led to much more success in the treatment of the sick.

12. *Experiments on the healthy.*

The truest vindication of these experiments, and therefore the most becoming introduction to the subject, is contained in the first sentence of "The Great Instauration" of Lord Bacon:—

"Francis of Verulam thought thus—

"Of the state of learning—That it is neither prosperous nor greatly advanced, and that *an entirely different way* from any known to our predecessors must be opened to the human undertaking, and *different helps* be obtained, in order that the mind may exercise its jurisdiction over the nature of things."

If we substitute the word "medicine" for "learning," the sentence will still be true of this branch of knowledge. It is the unanimous confession of those best acquainted with medicine, that, as a science, it is "neither prosperous nor greatly advanced," though it has not hitherto been their conviction that "an entirely different way" must be opened, if it is to make any great advance. Without experience to the contrary, it would have seemed natural that such a conviction would necessarily follow the confession, but this has not happened.

It is the truth of this sentence of Lord Bacon which justifies us, in his, and in our endeavors after the discovery of an entirely different way from any known to our predecessors.

And the way proposed and entered upon by Hahnemann, and pursued by ourselves, is the way of learning the properties of medicines by experimenting with them, not only on the sick, but also on the healthy.

As two Essays (on the "Proving of Drugs," and on the "Physiological Action of Medicines,") have already been occupied with this subject, I will content myself, on this occasion, with offering only a few remarks.

1. Let us not aim at impossibilities. In undertaking these experiments on the healthy, it is of great importance that we limit our endeavors within the bounds of what is possible to us. If we neglect this precaution much time and effort will be thrown away, and we shall reap disappointment. For example, if we propose to ourselves to find out the *manner in which drugs act*, we shall soon get out of our depth, and our labor will be lost. I know that some of you do not agree with me in this persuasion. The discussion of it cannot be entered upon now, but I commend to you the following sentence of Sydenham :—

"However much, by seriously inclining our minds, we may discover what nature does, and by what organs she does it, the way in which she does it, will always be unknown to man." *

2. Let us not stop short of what is possible to us. It is not surprising to find that the first efforts to make progress in a new path are defective. And many of you are now disposed to agree with me that the limitation of these experiments on health by Hahnemann had his followers to the enumeration of symptoms is not doing all that is needful to do. For, if on the one hand it is a mistake to attempt what is beyond our power, it is, on the other hand, also a mistake to neglect to aim at doing all that is within our power. It has often been contended in these Essays, that when experiments with drugs in health are undertaken, besides the phenomena or appearances produced, called symptoms, being noted, the seat of these symptoms, or *the organs to which they belong*, should be noted also. It is freely granted that the connection between a symptom and its origin may sometimes be very difficult to trace, but you will not argue that it is impossible to trace it—that it is beyond our natural powers ; and if it be granted that it is within our power, it must immediately be granted that it forms part of our duty.

3. We are also pursuing "an entirely different way from any known to our predecessors," in another sense. It is earnestly contended that, with very few exceptions, the only action of drugs which is required of them, as remedies in dis-

* *Sydenham's Works*, by Sydenham Society. Vol. II., p. 84.

ease, is that which they perform "silently and peacefully." This is the action which was formerly called "alterative," and now "specific." These terms imply two things:—that it is unaccompanied by signs perceptible by our senses; and that we know nothing of the manner in which it is performed.

The general adoption of this method of prescribing drugs would bring about a greater revolution in the practice of physic than has ever yet been dreampt of. And yet it is obviously in the right direction. "Nature is pleased with simplicity," said Sir Isaac Newton, and "more is in vain where less will serve." All real improvements in Art are in the direction of greater simplicity.

When it is considered that this method leads to the ignoring of all established indications; to the renouncing of all former intentions; to the laying aside all that is usually called "active" treatment—it is not surprising that it is very repugnant to the majority of the profession, or that from them it meets with very determined opposition,

To see in our future works on Materia Medica no more catalogues of drugs arranged under the heads of "emetics" and "purgatives," "diaphoretics" and "diuretics," "sialagogues" and "deobstruants," is an anticipation too astounding to be contemplated with equanimity—too impossible to be realized. But this is the future which we humbly hope is before the profession.

And when the prejudices of education and the power of present habits have been overcome by the force of truth and the evidence of facts, what a beneficial change will have been brought about! Medicines, instead of being nauseous draughts, will have become pleasant charms; and physicians, instead of being shunned and dreaded, especially by children, will be welcomed and loved.

This silent and peaceable action of medicines, secret and hidden from our knowledge as to its manner, but very visible in its beneficial effects, is in the second sense, *as a principle*, the "entirely different way from any known to our predecessors," which it is our happy privilege to advocate and defend. Instead of all the perturbative methods of the past, this is the curative method of the future.

4. The experiments with drugs in health are the "different helps," which Lord Bacon says must be obtained, in order that this entirely different way may be opened.

We want to learn of a drug, not whether it is a purgative or a diuretic, but what is its specific action—that action which is a disturbing action in health, and a silent and peaceful action as a remedy in disease. Experiments in health are *helps* in the acquirement of this knowledge. The specific action of a very few drugs has been discovered accidentally. The experiments in health which have already been instituted have helped to increase this number greatly; a continuance of them may reasonably be expected to add many more to the list, and to make our knowledge of them much more perfect.

5. The help which Hahnemann got from these experiments was obtained by observing the similarity of the *symptoms* produced by them to those of diseases; and he prescribed according to this similarity.

The help which I am now seeking to obtain is by observing the *seat* of the action of drugs, and its identity with that of diseases; so that a drug may be perscribed which has its action where the disease is principally situated.

There cannot be a question that this is more definite knowledge than that obtained by the mere observation of symptoms. And if more definite, then in the same proportion must it be more valuable.

6. When this identification of the seat of the action of each drug, has to some extent been accomplished, a further *help* may be sought from experiments in health, by the discovery of the similarity and contrariety in the *kinds* of action of diseases and drugs.

After observing the symptoms, or signs of an action; and after discovering its seat, or the organs in which it is taking place, we may try to learn what sort of action it is. This is a further step in advance, and consequently the difficulties will increase.

In the study of nature our first task is the observation of facts. This belongs to our bodily senses, and the value of the performance of the task is determined by its accuracy. The difficulties which beset the duty, are the imperfections of our

senses, and our hastiness in using them. Our next task is the interpretation of these facts, the learning their true meaning. This belongs to the mind. The difficulties which hinder its being rightly performed, are the weakness of our mental faculties, and the strong tendency which exists in us to invent hypotheses, that is, to guess at interpretations, rather than wait till the mind can observe them.

When therefore, we endeavor to discover the kind of action which a disease or a drug is producing in an organ, we cannot exercise too much caution. The observations must be wary and prolonged to learn the facts; and it is absolutely necessary to confine ourselves to the use of words which simply express the facts observed, and which do not suggest any hypothetical explanation. For instance, if we see vessels become smaller or larger than they were before, instead of calling this a stimulant, an astringent, or a relaxant effect, let us be content to say of the vessels, as we say of the pupil, that they are contracted or dilated. The same caution is, if possible, still more imperatively required, when the mind attempts to interpret the meaning of the facts.

7. It may be noted in this place, that the fact which lies at the foundation of the difference between the disturbing action in health, and the peaceful action in disease, is the difference in the dose. Organs in a state of health are, generally, not disturbed by a dose which is found by experience to be sufficient to act upon them curatively in disease.

Different doses of the same drug sometimes act upon different organs of the body in health; but doses, smaller than those given in health, can always be found, which act upon the corresponding organs in disease.

The subject of doses is a wide and interesting field for dispassionate and very careful enquiry and observation; but it is one of extreme difficulty and obscurity. The motto for it Lord Bacon has given us in these words:—

"In all our investigations of nature we must observe what quantity or dose of the body is requisite for a given effect; and must guard ourselves from estimating it at too much or too little."

8. Let us also note, once more. the direct object and the use of these experiments in health. They are these :—

First. To learn the action of each drug by itself ; unmixed with other drugs.

Second. To learn the action of drugs uncomplicated with the symptoms of disease.

Third. To discover the specific action of each drug ; that is, to learn the organs upon which it acts, and the kind of action.

Fourth. To apply these discoveries to the treatment of disease ; experience having taught us that the same organs which are disturbed in health by certain doses, are silently and peacefully cured in disease, by certain smaller doses.

9. Let us observe the indirect uses of these experiments. One branch of knowledge can generally throw some light upon another, and this indirect use is not wanting in experiments upon the healthy. If we take the drugs which are known by experience to have a useful specific action in a particular disease, and make comparative experiments with them in health, we are sure to gain some information as to the seat or nature of the disease in question.

I may suggest, in illustration of the last remark, that if we were to take up gout, and examine the drugs given for it as remedies, it is obvious that, at starting, we must lay aside the remedies given on the evacuating plan ; we must also lay aside such disputes as whether cold purgatives, like Epsom salts, or warm ones, like jalap, are to be employed ; or, whether alkalies or acids are to be preferred ; and, for the present at least, we must lay aside the tentative experiments of the chemists, such as the benzoic acid of Mr. Ure, the alkaline lithia of Dr. Garrod, and the phosphate of ammonia suggested by Liebig. Only the specifics remain ; these may be taken, and a comparative examination be made, in order to discover what there is in common, in their action in health. The reflex benefit would be a better knowledge of the nature of gout.

The drugs are such as *Bryonia*, *Colchicum*, *Rhus*, and *Cinchona* : *Pulsatilla*, *Nux vomica*, *Rhubarb*, and *Sulphur*. Let me propose as a subject of study, the question —How far do these drugs

agree in their symptoms, and in the seat and nature of the specific action ?

In the same manner the principal known remedies for other ailments may be studied, *e.g. Ipecacuauha*, *Sambucus*, and *Arsenic*, for asthma.

The curative action of even a single remedy in a disease, the pathology of which is obscure, may throw considerable light upon that obscure pathology, simply in consequence of the experiments made with the remedy in health. To my mind *Chamomilla* has done this for some cases of diabetes.

10. Another indirect use of experiments with drugs upon the healthy. It awakens attention to the possible difference of cases whose symptoms are similar. It is a fact, that cases of disease present themselves, the symptoms of which are so similar that they may readily be considered cases of the same disease ; but the causes of which are so different that, to confound them in this way, would be to make a serious mistake. For example : *Belladonna* may be so taken in health as to produce all the symptoms of scarlet fever. This has often happened. But this similar of scarlet fever has never been communicated to others in the manner that real scarlet fever is. It is wanting, therefore, in the infectious or contagious element, which is the true cause of genuine scarlet fever.

11. It may be worth while to repeat that the information sought from these experiments is derived mainly from two sources. The more severe effects of drugs are learned from cases of poisoning, in whatever way brought about ; the less severe from voluntary provings. On this account Christison on poisons, and other similar publications, are very valuable, in a direction not contemplated by those writers on 'Legal Medicine.'

12. Some of the effects of drugs can be obtained by the topical application of them ; and these become striking proofs of local action. For example :—the pupil of one eye may be dilated to the uttermost by *Belladonna ;* and at the same time, in the same person, the pupil of the other eye may be contracted to the size of a small pin's head, by the *Calabar bean.* But generally the experiments are made by the drug being

taken internally. In many instances the effects are the same whether the drug is swallowed, or introduced through a wound in any part of the body. On the other hand, of animal poisons, it is remarkable that even those which are most deadly when inserted by a wound, may commonly be swallowed without any injurious effect.

13. Many drugs act powerfully upon more organs than one; and the more there are of points of contact between the drug and the disease, the greater is the confidence with which it may be prescribed. For example:—for a feverish headache *Belladonna* may be given as a remedy. If, in addition to the headache, there is an inflamed conjunctiva, the *Belladonna* may be given with increased expectation of good. If further, the throat is inflamed, the probability of success is still greater. If, to all these symptoms there is added a bright scarlet rash, the probability becomes almost a certainty; provided that the inflammatory condition of these several parts is not complicated with grave symptoms of some other kind, which may, in fact, be such as to change essentially the character of the case.

In like manner, a patient suffering from colic, or spasmodic pain in the bowels, may be relieved by *Nux vomica*. If there are also cramps, or twitchings in the extremities, it will almost certainly succeed. So, in cases pointing to *Ipecacuanha*, if, in addition to the other symptoms, there is nausea or sickness, it may be given with great confidence. Again, some affections of the heart are cured by *Spigelia;* the cure will be more likely to be effected, if there is also in the case neuralgic pain about the eyes.

14. These remarks connot be concluded without the expression of regret that many provings of drugs have been published, in which a great want of seriousness and distinctness of object is apparent. Others are disfigured by a multitude of insignificant sensations and observations calculated rather to bring disgrace upon the physician, than benefit to the patient. The undertaking is one which should be promoted by every member of our body, but it should be warily done, with a clear purpose in the mind, with thoughtful gravity, with active suspicion of error, and with freedom from bias towards any foregone conclusion.

We are now able to answer the question with which this Essay commenced. How is the action of drugs to be discovered? Not in any of the ways hitherto commonly pursued: but in a new way. First, by experiments made upon ourselves and our friends while in a state of health. By these experiments we learn the power which drugs possess to *disturb* the health of the different organs of the body; and also how each drug may be characterised, and distinguished from all the rest. And secondly, by giving them to the sick under the guidance of the results thus obtained in health. In this way we learn their *healing* powers.

The only difference, in respect to the drug, between the experiments in health, and the prescriptions in sickness, is the quantity or dose to be taken. In the experiments the dose must be large enough to produce symptoms of disturbance in some organs of the body. In the prescriptions the dose must be small enough to avoid causing such symptoms, but large enough to act curatively, though peacefully, upon the diseased parts.

Gentlemen,—Our medical authorities, and the great bulk of our colleagues, headed by the late Sir Benjamin Brodie, are not ashamed to speak of us, and to treat us, as impostors or fools. A few, who have tardily ceased to do this, have not yet moral courage to own us. It is great and unjust indignity; and it will one day recoil with heavy severity upon themselves. Let us not desire the evil day. Let us rest assured that it is sufficient for ourselves to know that the self-denial, discomfort, and pain undergone, and the amount of time and thought expended on such experiments in health, as were begun by Hahnemann, and have been carried on since by many others, are a sufficient testimony of our honesty; and that the successful results with which these labors have been crowned, are a good proof of at least an average amount of intelligence and sense.

While they thus speak disparagingly of the laborers, they are not afraid to appropriate the labors. But the attempts which have been made, during the last few years, to introduce homœopathic remedies as new discoveries, or accidental observations, are surprisingly puerile. The authors must have forgotten the declaration which we have on the highest authority, "There is nothing hidden which shall not be known."

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

OTOLOGICAL HINTS FOR GENERAL PRACTITIONERS.*

BY W. S. SEARLE, M.D , BROOKLYN, N. Y.

The general practitioner of medicine is not seldom called upon to diagnose and treat diseases of the ear; and very few affections are, as a rule, cared for in so slipshod a manner. The large number of patients that come to the clinic of the aurist, suffering from chronic deafness in its various forms and degrees, form a strong and melancholy testimony to this neglect and indifference. Seldom dangerous to life, as these diseases are, they are still of a very important character. Deafness, with its obvious evils, and discharges from the ear, with their offensive appearance and odors, make social intercourse difficult and even forbid it; while to some life is thus rendered a positive burden.

It therefore behooves the general practitioner to give this class of complaints careful attention; treat them, if within the province of his skill, and, if not, refer them to the specialist while there is yet opportunity for cure.

In briefly considering this subject, let me first recall to your minds the fact that the ear is divided into the external, middle, and internal regions. You are all sufficiently acquainted with anatomy to recognize these divisions, and to know their boundaries, and I only refer to them here because nothing is more common than to hear physicians speak of a patient as suffering from disease of the internal ear, when the *middle* ear is meant. It should be borne in mind that disease of the internal ear is comparatively very rare.

When consulted in regard to affections of the ear, the first thing to be done, of course, is to examine the external meatus. Every practitioner should be prepared to do this intelligently and efficiently. And yet, not one in twenty has the mirror and speculum, without which it cannot be done, though few

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are unacquainted, in a general way at least, with the manner in which they should be used. This may be somewhat excusable in the physicians of our larger cities, since here the services of a specialist may be had; but every country doctor should be provided with these instruments, and examine enough healthy ears to become familiar with the normal appearance of the external meatus, for without them diagnosis of the simplest and most ordinary affections is impossible. How frequently do we meet with cases of otalgia in our clinical records, and yet otalgia is one of the rarest of diseases. I do not now recollect that I have ever met with a single instance of it.

It may be thought that a differential diagnosis between otitis and otalgia is a matter of little moment to the homeopathic physician with his symptom list. But it is not so. There is just as great a necessity for it here as there is for discrimination between pleurisy and pleurodynia, and even greater, since our materia medica is more scanty and more poorly worked out in reference to the ear than to almost any other portion of the body. And, just in proportion as the homeopath is deprived of accurate symptomatology, must he depend more upon pathology.

The prognosis, too, would differ widely in accordance with the diagnosis.

Besides, in otitis instrumental appliances are of great importance in affording relief and in promoting cure, while in otalgia they are useless.

Suppose you have a case of severe, constant, and persistent pain in the ear. It may be a catarrhal otitis media or a suppurative one; and, if the latter, prompt and judicious treatment combined, it may be, with paracentesis of the drum, will save an ear which, otherwise, might be very seriously impaired.

For, how is it possible to select your remedy here by means of symptoms only? In both cases the pain, arising from the same conditions of structure and position, is the same in character, severity,—in fact, *all* the subjective symptoms are of the same class, and you see at once that, in the present state of our aural Materia Medica, selection of the proper remedy upon a symptomatic basis alone, is simply impossible. This is clear, and the obvious deduction is that every conscientious physician should be able to diagnose between these forms of inflammation, or send his patient to some one who can.

ABSCESS OF THE MEATUS.

In examining the external meatus in a case of pain in the ear, we often come at once upon a painful, rounded and perhaps reddened tumor, which for the most part projects from

the lower or back portion of the wall of the meatus, and obstructs the passage of the speculum. This is an abscess of the meatus, and is an acute disease, quite similar in pathology and course to an ordinary boil. As the tissues here are very dense, perforation slow, and the pain very great, we should not hesitate to make a bold and deep incision into the swelling. Of course this is not necessary nor proper during the first days of the disease, especially as Belladonna and Sulphur will often rapidly bring about resolution. But if relief does not come within a short time we should lance the abscess. This will not only afford immediate relief from the agonizing pain, but with our remedies we can now more speedily and certainly control the inflammation. This seems a very simple matter, bui it is of no small account to a suffering child or even adult.

OCCLUSION BY IMPACTED CERUMEN.

Another common condition of the external meatus is its occlusion by impacted cerumen. This state of affairs is a very frequent cause of deafness, and it often exists for many years without suspicion of the true state of the case on the part of the patient. I have frequently, in half an hour, restored excellent hearing to those who had been very deaf from this cause for many years. Generally the mass is quite hard, and it will be necessary to soften it before attempting its removal. Fill the ear then with warm water, which is the best solvent; renew it every few minutes, and at the end of half an hour syringe thoroughly, and with considerable vigor, directing the stream along the wall of the meatus, and drawing the ear upward, outward, and backward, in order to straighten the canal as much as possible. Prolong this process until the water returns clear of impurities. The amount of cerumen thus discharged is often simply marvellous to the patient, and his increase of hearing power still more so.

Whitish shreds often accompany or follow the wax. These are composed of the epithelium of the meatus, and have been increased in quantity by the irritation caused by the plug of wax. This irritation may have gone on to inflammation and even ulceration of the meatus or drum, and not unfrequently the membrana tympanorum may have been partly or wholly destroyed. In syringing the ear, always use warm water, since cold or even cool water, will cause severe vertigo, which is peculiar in always giving the patient a tendency to fall toward the side which has been operated upon.

This is due either to the shock of the cold water or to a congestive reaction from it affecting that portion of the auditory nerve which is distributed to the semicircular canals, It

was formerly supposed that the function of the semicircular canals was to determine the direction of sounds. But, however this may be (and it is unproven), they are intimately connected with the phenomena of equilibrium. Of this more hereafter.

The condition of the ceruminous glands which causes the productions of wax, which tends to accumulate and harden, is unknown, but it is said to be cured by *Conium*. I have, as yet, been unable to verify this statement. The trouble most often occurs in those beyond the prime of life, and *Conium* is said to be peculiarly adapted to such. The accumulations are apt to recur, and we may palliate the condition by occasionally moistening the meatus with almond oil or glycerine, as well as by syringing from time to time.

OTITIS PURULENTA.

Purulent discharges from the ears are very common, and are of great diagnostic value. For a chronic purulent discharge never occurs unless there is suppurative inflammation in the middle ear, and rupture of the tympanum. The only exception to this general rule is found in ulceration of the meatus, which is very rare indeed.

An acute purulent discharge may come from an abscess; but, excluding this, *it* also depends upon the same condition of the middle ear.

A yellowish serous discharge is sometimes seen, which depends upon eczema of the meatus; but this is also rare and the diagnosis is easy.

The point of rupture in the tympanum is often small and difficult to find, but accurate examination with modern instruments will demonstrate the above statement to be correct. Sometimes the m. tympani is almost entirely destroyed by the ulcerative process, or so thickened and its remnants so changed as to be almost unrecognizable even by the practised eye.

The reason why a purulent discharge never occurs except as above stated is obvious from anatomical considerations. The meatus ext. and the outer surface of the membrana t. are covered by a simple prolongation of the cuticle, and you well know that pus never forms on unbroken cutaneous surfaces.

These cases of otitis media purulenta, for the most part, come under treatment in a very chronic stage. Often, and perhaps most commonly, they date from infancy or early childhood. This is the case for two reasons. In the first place measles and scarlet fever, which, by an extension of inflammation from the throat along the Eustachian tube, are

fruitful causes of otitis media, occur for the most part in early life. And secondly, the Eustachian tube, which, at all periods of life, has a flattened shape, is in childhood almost wholly membranous (its cartilages being undeveloped) and small in calibre, so that a comparatively slight amount of inflammation and swelling entirely occlude the passage. In this way the exit of mucus or pus from the middle ear is prevented ; with progressing inflammation pressure increases, and finally ulceration and rupture of the membrane occur.

This is more often the case since the nature of the disease is frequently misapprehended. The little patients roll their heads and shriek with agony, or become partially comatose, so that the diagnosis halts between otitis and meningitis. Careful examination and observation, however, will generally make the difference plain. We should be the more careful here, since a clear apprehension of the nature of the disease will not only enable us to afford immediate relief by the puncture of the drum, but to prevent in this manner the extensive destruction of its substance. A puncture, too, always heals—indeed so rapidly that repeated operations are sometimes necessary, while an ulcerative opening often continues for life, and is productive of more or less hardness of hearing. We should remember, besides, that the pain of this disease is exceedingly intense, and relief, on this account, very desirable. Nor is this condition of affairs free from danger to life. Even in the adult ear the vascular and connective tissue communications between the ear and the meninges of the brain are numerous and close, and, in childhood, while the bones are yet incomplete, this proximity is a still greater source of danger. In fact the inflammation does thus extend, and, complicating the diagnosis, renders us somewhat excusable for error. One look through the speculum, however, is often enough to remove all doubt, for we find the drum bulged forward, even to the point of bursting, instead of being slightly concave. The membrane must be punctured through the speculum with a bent and slender lance-shaped knife, and the incision should extend from the extremity of the malleus handle downward, because we shall thus avoid injuring the bones and muscles of the middle ear.

Chronic purulent discharges from the ear are often exceedingly difficult of cure, and I doubt whether they often can be cured by the best selected internal remedies. The disease is so purely local, and its extent so very small as seldom to be reached efficiently in this manner.

Long-continued diseased conditions, especially those which in part, consist of dilated blood-vessels, surrounded by ex-

udation, seem to become a kind of second nature. There is a state of anæsthesia or even paralysis of the vasomotors of the part which will respond only to such powerful stimulation as would be very injurious to a part actively inflamed. Again, it is well known that the true homeopathic prescriptions must be based upon quite another set of symptoms from those which determine the diagnosis. For instance, we all know the diagnostic points which distinguish epilepsy, but no genuine homeopathic physician selects his remedy upon the basis of these symptoms. He searches out the subjective details which individualize the case in hand, and, if he can find a close similar for them, epilepsy will yield to it as readily as a tooth-ache or a colic will to its similar. But in old cases of inflammatory disease, such as a chronic otitis media purulenta and chronic aural catarrah, such subjective symptoms rarely exist. Probably they did once exist at some long gone time, but they have disappeared and been forgotten. Now, in the wilderness of remedies that produce catarrh and discharges from the ear, how shall we select the one truly homœopathic remedy? How shall we teach our patients to wait while we pursue this uncertain remedy through weeks, as we must, for frequently changed remedies here are of little avail.

That it is possible at times to find the true similar, and effect a brilliant cure, is doubtless true; but from the nature of the case and from the state of our aural Mat. Med. such results can seldom be hoped for.

If the disease seems to be based upon some diathesis, such as scrofula, of course, remedies addressed to the correction of such an unhealthy state must be administered; but, in my opinion we should, for the most part, rely upon local treatment. Whether the theories upon which this treatment is based be true or not, the practice built upon it is successful, and I have never seen a cure brought about in this way attended or followed by the metastactic evils which some fear so much.

TREATMENT.

Of the constitutional treatment I need not speak, for, of course, the remedy will be determined by the symptoms which exist. The local treatment, however, is largely a matter of empiricism. An application of *Spiritus Vini* is frequently very useful in old, torpid cases. The ear, having been gently syringed, is dried and then a few drops of alcohol put in and covered with a piece of cotton. A warm or, perhaps, even burning sensation is experienced for a few moments, after which no inconvenience is felt. The plug may then be re-

moved and replaced by a dry and fresh one, which serves to keep the air from the denuded surface, This application should be repeated once daily, gradually adding water to the alcohol if the ear becomes more sensitive, or substituting some other astringent when the influence of the alcohol is lost.

Another excellent application is composed of alcohol and water—ā ā, ℥ss with the addition of five grains of Argent. nit. This lotion may be used as that just mentioned.

When, by this mode of treatment, the discharge has become lessened, we may substitute for it a gentle syringing twice or thrice daily with Carbolic acid or Alum water, rather weak solutions being used. It is often necessary to change the astringent used for another, as in the course of a few weeks it seems to lose its effect. The ordinary changes may be rung upon the ordinary astringents, but the applications as above named, with the occasional momentary use of a strong solution of Argent. nit. (20 to 40 grs. to the ℥, when you cannot otherwise obtain reaction), are the best.

With careful management cases which have even lasted a lifetime may be cured in a month. Of course if the bones have become carious, local treatment can only be palliative. Here we must use *Merc.*, *Aurum*, *Silicea*, or *Plat. Bichl.*, in varying attenuations, and must sometimes resort to surgical measures.

CHRONIC AURAL CATARRH.

The largest number of deaf persons who come under treatment in this climate suffer from what is termed Chronic Aural Catarrh. Rarely this may be a catarrh of the middle ear only, but it is usually associated with and based upon catarrh of the naso-pharyngeal space.

In examining the external meatus in this class of patients we shall generally find no change of form or color except in the membrana T. This is dull, reflex and sunken and warped, often almost beyond recognition. Frequently adhesions have formed between it and the promontory or other parts of the middle ear; the mucous membrane covering the ossicles is thickened; their articulations stiffened, and vibration consequently much impaired. Upon this pathological state as a basis, a cold will often build an acute otitis media, which may go on to a suppurative stage. More often, however, it results in a simple exacerbation of the catarrhal symptoms and the accompanying deafness. You will hear patients suffering from this form of deafness complain that their hearing varies in accordance with the weather.

I am of opinion that the most successful treatment of catarrh of the middle ear, as well as its suppurative inflammation, combines both the local and specific methods; and this opinion is based, not only upon the theoretical grounds above given, but also upon observation and experience. Of course, the cure of the generally accompanying naso-pharyngeal catarrh must be undertaken coincidently with that of the ear, and candid observation will, I think, convince any one that our Materia Med. is not as yet sufficiently elaborated to enable the homeopath to cure more than one-tenth of the cases of this character by internal and specific medication alone. Now, while this tenth case may be a brilliant and unmistakable cure, and give the physician perfect confidence in his method with doubt only as to his tools, the other nine cases will prove such entire failures as to discourage him and drive away his patients.

On the other hand, a portion of our patients of this class have some diathesis or dyscrasia behind or below their catarrh, and this, of course, can never be touched by purely local treatment. Indeed, it cannot be doubted that a cure of the catarrh in this manner does at times result in outcroppings of the constitutional disease elswhere. But this is rare; rather than it is usually allowed to be in our school. The truth is that by far the largest share of the chronic catarrhs that afflict residents in this changeable climate are purely local in their nature, and a result of repeated acute catarrhs. This is shown to be the fact by the harmless readiness with which they yield to well-directed local treatment.

I cannot enter upon full details of this method of local treatment here. The much used and abused nasal douche does not form a part of it, first, because it has at times done much harm, and, secondly, because it is not efficient in removing the coating of tough mucus, without which no medicated solution can reach the inflamed surface. It will be enough to say that I first cleanse the mucous membrane thoroughly by means of injections of warm salt and water through the posterior nasal syringe, and then, either by the same instrument or by means of a spray producer, irrigate the whole diseased surface with astringents.

In like manner the catarrah of the Eustachian tube and middle ear is reached by injections through the Eustachian catheter.

Lack of space compels us now to pass over several of the less frequent and unimportant affections of the external and

middle ear, and come to those whose seat is in the external ear.

TINNITUS AURIUM.

Here, however, is the most appropriate place for a few words concerning that very common and distressing affection known as Tinnitus Aurium. Under this title are classified all the various kinds of noises in the ear.

In the whole bounds of Otology there is no more obscure subject than this. Little is known of its pathology, and still less of its treatment. Essentially it is a hyperæsthetic state of the auditory nerve; at least this seems probable. It often accompanies conditions of the external and middle ear, which mechanically increase pressure within the labyrinth. Thus impacted cerumen, by pressing the drum, and, consequently, the chain of ossicles, inward, will increase the tension in the laybyrinth, and produce Tinnitus, which will subside with its removal. The same is true of affections of the middle ear which cause sinking or distortion of the drum directly, or through the muscles which control the tension of the ossicles. But it is often dissociated with either of these.

Much has been hoped for from galvanism in its treatment, but it has proved thus far an almost utter failure. For the present, at least, our most considerable dependence must be placed upon carefully selected homœopathic remedies, and the removal of obvious disease from the external and middle ear. But we must have a clearer pathology, and a more complete and accurate symptomatology, before we can face this disease with confidence.

I have remarked that disease of the internal ear is rare. Formerly it was supposed to be quite common, and you may read much in books, which either are or ought to be a quarter of a century old, about "nervous deafness," and "paralysis of the auditory nerve." Just so, before the invention of the opthalmoscope, nearly all cases of blindness arising from parts of the eye behind the lens, were classed as amaurosis. We know better now. Nervous deafness and amaurosis do occur, but they are much rarer than had been supposed.

It is interesting to recall the fact that comparatively late discoveries have shown that the cochlea, and the nerve distributed therein, form the organ of the pitch or key of sound; while the semicircular canals have been supposed to enable us to determine the direction of sounds. These latter have, however, a still more curious function. They have been shown to be either the specific organs of equilibrium, or, at least, so closely connected with that function, that disease or injury of them greatly effects it. The physiological experiments of

Flourens and others, which have proven this, are illustrated and confirmed by pathology. Cases occur where a person is suddenly seized with vertigo—mayhap falls to the ground, momentarily loses consciousness, becomes pale, and perhaps vomits. Simultaneously he becomes totally deaf in one ear. The vertigo always inclines the patient to stagger and fall towards the affected side, and this phenomenon is quite persistent. This condition is one of hæmorrhage into or apoplexy of the semicircular canals.

A similar set of symptoms occur after cerebro-spinal meningitis, or during its course. On recovery from the spasm, stupor, and fever, the patient is found to be totally deaf. In this effection both ears are nearly, if not quite, always involved, and so, instead of staggering to one side only, the patient straddles and reels from one side to the other. *Post mortem* has shown this disease to be a suppurative inflammation of the labyrinth. Out of a large number of instances of this kind which have been observed and recorded, but a single one has been even partially restored to hearing, and this one did so under galvanic treatment at the hands of Prof. Moos, the celebrated aurist of Heidelberg, Germany. The same treatment, however, has proved entirely futile in all other instances. Prof. Knapp, the able and accomplished oculist and aurist, of New York, has seen thirty-one cases of this kind during the past year, and has failed to help any of them. It is, therefore, with peculiar pleasure that I am able to say that I am now treating several cases homœopathically with a good degree of success. With a brief account of these I will close this paper.

SUPPURATIVE INFLAMMATION OF THE LABYRINTH.

On May 17th, 1872, Richard Crotty, æt. 13, was brought to my clinic by his father, at the request of his family physician, Dr. H. Willis, of Brooklyn, N. Y. Up to seven weeks previous he had enjoyed good health. He was then taken with headache, nausea, and vomiting. On the next day fever was fully developed, and opisthotonos had set in. With some clonic convulsions, this state continued for about ten days. During this time he was unconscious and delirious at intervals. At length, under the skilful treatment of Dr. Willis, at the end of two weeks he became convalescent. He was now discovered to be totally deaf. Nothing unusual had been noticed in regard to the ears except that the left one had discharged slightly for two days during the illness. On regaining his feet, the characteristic straddling, staggering gait was observed, which persisted in spite of an otherwise rapid convalescence.

He now looks quite healthy ; appetite good ; bowels regular ; sleeps perfectly well ; right M. T. dull in color, but otherwise normal ; left M. T. considerably inflamed, especially at its periphery ; no perforation discernible ; conduction for the tuning fork from the forehead and teeth entirely lost. Tuning fork heard through the air by the left ear only, at a distance of two inches ; not heard at all in the right ear. Pupils widely dilated, but nothing abnormal in the fundus of the eye. Temper exceedingly irritable.

℞ Silicea. 30 every eight hours.

It is not necessary to trace the progress of the case, suffice it to say that improvement at once began. At the end of two weeks he heard the tuning fork with the right ear at a distance six feet. Although acute otitis media, from a severe cold, occurred to mar and hinder progress, he can now (August 1st, 1872) hear loud conversation at times, even in the dark, when no deception can take place ; and I look for still greater improvement. The remedies have been Silicea 30. Sulph. 30, and Kali brom. 1/10.

Other remedies were called for and used for the attack of otitis media.

A second case, equally clear in diagnosis, also improved decidedly under the same remedies for two weeks, but then no longer returned.

A third case did not improve at all in three weeks, and then absented itself.

A fourth case, occurring in my own practice, has been under treatment only a few days. The three first named all came under my care only after several weeks of total deafness had already passed. In the fourth and more recent case I hope for better results.

It is, perhaps, a little singular, that this affection is not noticed during the progress of the meningitis. It is not until convalescence has declared itself that the patient is noticed to be deaf. I can only account for this by supposing that during the inflammatory process the nervous apparatus of the labyrinth may be in such a state of hyperæsthesia as to enable it to take cognizance of sounds which are not appreciated when the activity of the circulation has subsided.

So far as I know, these are the first cases of this disease ever brought under homœopathic treatment, and the result is very gratifying thus far. I may state here that the first patient above named was carefully examined at a recent date by eminent aurists of the old school in my presence, and the diagnosis endorsed, and also the fact that the patient could hear.

CLINICAL CASES.

BY W. S. SEARLE, M.D., BROOKLYN, N. Y.

KERATO-IRITIS.

1872, August 23, Richard Boyle, æt. 10 months. Since two weeks has Kerato-iritis of right eye, complicated by Whooping cough; cornea opaque; much purulent discharge with enormously swollen lids, ℞ Cup. A. 30, and Hep. 30.

Aug. 26, Generally better, but a large abcess has formed in the cornea, ℞ Cup. A. 30, and Merc. S. 30.

Aug. 27, ℞ Cup. A. 30, and Hep. 30.

Sept. 6, Much better, Hep. 30, and Puls. 3.

Sept. 11, Cough worse, but eye nearly well, ℞ Hep. 30, and Dulc. 3.

Sept. 17, Has been neglected; mother careless; been absent six days; the eye very much worse; Diphtheria has set in and the cornea has ruptured. ℞ Cup. A. 30, and Hep. 30.

Sept. 24, Left eye now implicated, ℞ Bell. 3, and Rhus. 30.

Sept. 25, Diphtheria of the conjunctiva has set in, and there is but little hope for the eye, ℞ Bell. 3, and Kaolin 6.

Sept. 26, Better, ℞ same.

Sept. 30, Better, ℞ Bell. 30, and Kaolin 6.

Oct. 2, Nothing left but blenorrhœa, ℞ Hep. 30, and Kaolin 6.

Oct. 7, Better, Hep. 30, and Puls. 3.

Oct. 12, Quite well, except a light cough.

Remarks: This was an extremely difficult case, and e complication rendered the prognosis very grave. It would seem, however, if those six days had not been lost, that both eyes might have been saved, under the circumstances, I was glad to get off with the loss of one.

It is important that Diphtheria of the eye should be recognized early, and very efficiently treated. It should have been stated in the treatment of the case that cloths were laid alternately upon ice, and the eye every five minutes, and this process continued for hours each day. This is an almost indispensable measure.

Diphtheria of the lids may be diagnosed from simple œdematous infiltration, by the firmer feel of the lids, but most

certainly by everting them, when instead of the villous and deeply reddened surface of purulent conjunctivitis, we find a nearly white color faintly tinged with pink.

I consider Kaolin almost specific in true Diphtheria and in membranous croup.

PUSTULAR KERATITIS.

June 21, Jessie Hartford, æt. 8. A puny, petted and slender child, has spent six years of her short life in a darkened room, and until a few months since has been under allopathic treatment with no benefit.

She presents a wretched appearance. The lids are spasmodically closed; hot tears flow profusely, and photophobia is intense. The face has much pustular eruption. Over the right eye, which is now the worst, is a large brown scab, on touching which pus pours forth abundantly from beneath. Both cornea are full of pustules and ulcers, and the scars of old ones.

Bowels costive, appetite poor, and only for dainties.

℞. To be strictly confined to a diet of bread, milk, eggs and fruit. Psorin 30, every 3 hrs.

July 7, Decidedly better in all respects. ℞ Psorin 30 n Silicea 30 m.

July 22, Nearly well. Face healed, eyes wide open, plays constantly in the sun, nothing left but small leucomæ. ℞. Sulphur 30 n. Silicia 30 m.

Aug. 17, Returns with recurrence of inflammation, ℞. Psorin 30, 3 trit. up to date (Nov. 18,) has not returned, as she undoubtedly would had she not remained well.

Remarks: This case should have been kept on Psorin alone for a longer period. Silicea was alternated on the second ℞. because of the remaining nebulous spots.

Some will doubtless be inclined (considering the remedy given,) to refer all the benefit to a change of diet. I should have felt in this way myself, but a short time ago. When, however, we consider the entire history, I think this case affords one of those arguments which cannot be evaded. No disease like this after lasting six years gets well in three weeks on a change of diet, or by virtue of the *Vis Med. Naturæ.*

No! we must join with Dr. Bell, and say that whether the remedy is derived from "purest gold or purest filth," such evidence as this must be conclusive as to its curative power.

KERATO-IRITIS.

June 1, Another victim of allopathic inefficiency presents himself at my clinic. Since five months has Kerato-iritis in both eyes. Has been constantly under treatment at the Allopathic Eye Infirmary. Is led in by his mother—a pale, suffering boy. Lachrymation profuse; photophobia excessive; can hardly see enough by oblique light for a diagnosis, suffers terrible; can't sleep nor eat. It began with a cold from playing on wet ice. ℞. Acon. 30, and Merc. s. 30.

June 11, Very much better. Cornea now so clear that a pupillary membrane is discovered in each eye. Has therefore had Plastic iritis. Tongue red on tip. ℞. Merc. prot. 30, 3 hrs.

June 17, Doing well. ℞. C. C. 30, and Merc. s. 30.

Aug. 2, Inflammation gone, though the eyes redden easily when handled. Pupillary membranes symmetrical, cover ¾ of the area of the pupil, leaving a pinhead pupil on each side of them in each eye.

Vision ¼ in each eye. Reads Jacger 1 at normal distance. Has intermittent fever—a recurrence of a chronic form. From this he recovered by Aug. 5, when he got Sulph. 3 n. and m.

Aug. 19, Conjunctiva still reddens easily, has pains of a rheumatic character before and during a storm. ℞. Colch. 30, 3 hrs.

Sept. 30, All right except the membranes. Vision 20-20, with either eye. Accommodation wonderful. Reads Jacger 1 from 3 inches up to 3 feet.

Remarks: I was in great doubt whether I should not make iridectomia here, for eyes in which the iris is so tied down are exceedingly apt to develope Glaucoma or Recurrent Iritis in after life. The boy, too, is to become a student. However, I conclude that "sufficient to the day is the evil thereof," and shall wait (having warned the relatives) and interfere when these diseases show themselves.

PENETRATING WOUND OF THE EYE.

On Dec. 14, 1871, I was called to see Sammy Longman, æt·

3½, who the preceeding day had fallen while playing with an old pair of shears. The more tapering point of them had long been broken, and it was the more blunt extremity which entered the eye.

On examination, 18 hours after the accident, find the anterior chamber filled with blood, also an irregular wound, beginning in the cornea at its inner and lower part, and about one line from the sclero-corneal junction. It extends upward and outward, and closes beyond the exact opposite side of the cornea, and about one line beyond the scero-corneal junction of that side.

Of course, from the abundance of blood, the iris has been wounded, but how or where, cannot now be seen. ℞. To be put to bed, Atropine, 4 gr. solution to be instilled and a pressure bandage applied to both eyes, Acon. 3, and Arn. 3.

Dec. 15, The youngster has been very restless, and works off his bandage. Has to be chloroformed before examination can be had. This process, by the way, was kept up, and I doubt not was very useful. The blood is being rapidly absorbed ; much pain and fever.

Dec. 16, Better, free from fever, wants to be up, foolishly allowed to be so. Can now see that the point of the shears caught the upper edge of the pupil, and tore through the iris to its edge, actually removing a piece at the border and above the wound which afterward made a nice second pupil. Atropine and bandage and same remedies.

Dec. 17, The devil to pay : has got a severe influenza, coughs, sneezes and runs at the nose, opened the eye with dread, and found a yellow line of suppuration through the whole course of the wound. Very grave prognosis. ℞. Ars. 30, and Hep. 30.

Dec. 18, Cold much better, suppuration has not progressed. ℞. same.

Dec. 19, No worse, a superficial slough forming. ℞. same.

Dec. 20, Cold nearly gone, eye doing well.

It is unnecessary to follow the course of this case further in detail. The linear slough separated ; the ulcer left healed, and the case was discharged with perfect vision on Dec. 29. I have since seen him, and at hasty glance it is impossible to see that his eye has ever been injured.

Remarks: This case speaks for itself. While the superb *physique* of this youngster was greatly in his favor, his exuberance and uncontrollableness were severe drawbacks. These were nicely combated by putting him under chloroform at every dressing.

I do not know of a case on record of an injury to the eye so severe with such complete and speedy recovery. The remedies controlled the inflammation of the eye so beautifully that the lids were hardly reddened at anytime. No iritis occurred. The power of our remedies to control iritis is nicely shown in the following case.

OCCLUSION OF THE PUPIL.—IRIDECTOMY.

H. J. æt. 22. When a lad a piece of gun-cap flew into his left eye. Neither it nor the eye was removed until after sympathetic ophthalmia in the shape of Irido-choroiditis, had destroyed the vision of the other eye. The left globe was then removed by Dr. Agnew of N. Y., who afterward proceeded to make an artificial pupil in the right eye. In this he was frustrated by the occurrence of plastic iritis. He twice repeated the operation, destroying the lens in one case, and each time the opening made was filled up again by the exudative inflammation. He then abandoned the case. In July last I operated upon this eye successfully. As usual the plastic iritis set in on the third day, but Aconite 3, and Merc. sol. 3, controlled it, and a good pupil now exists.

The eye had been so much injured, however, that vision exists only for large objects.

BRIGHT'S DISEASE.

April 17, 1872, Miss M. T., æt. 20. Has not been well for two years, but has never been healthy. For the two past years has had a variety of stomach difficulties. Gastralgia and indigestion.

Four weeks ago, noticed that her vision had become cloudy. Opthalmoscopic examination shows Retinitis albuminurica, worse in the left eye. Vision here is reduced to counting fingers at a distance of only two feet. Right vision 20/70, Exudation extensive. The usual tests now find a small quantity of albumen in the urine, and the right ventricle of the heart is hypertrophied; appetite variable; bowels regular. Has sour

eructations. Great thirst from dryness of the mouth: wants small quantities and often. Much headache, mostly in the occiput. The pain is of a pricking character. Tongue large, dry and yellowish. Menses irregular, always too soon and often every two weeks. They last five days, and the flow is venous. Breath oppressed and difficult. Pulse irregular and has palpitation. ℞. Ars. 3, 3 t d.

April 24, Less short of breath, no headache, V. r. 20/50. L. can't count fingers at all. Coughs most in the evening and morning. Expectoration frothy, white and tasteless. Very thirsty yet. Bowels costive, should be "regular on May 7." ℞. Ars. 30, 3 hrs.

May 1, Cough gone, less hot and feverish, mouth dry yet, and she feels weak, little headache, bowels costive, feels nervous, and inclined to weep, easily frightened, counts fingers at two feet with left eye, and can read better with right. Exudation much reduced, except the characteristic stellate spot at the macula lutea. Albumen markedly less. ℞. Ars. 30, n. and m.

May 7, Is "regular" at the right time, and the color is changed to bright red. Less nervous, some thirst. Vision varies. Palpitation. Bowels regular. Appetite good. Food seldom troubles her. Albumen, from yesterday's urine, a mere cloud. ℞. Ars. 30, n. and m.

May 15, Feels very well, V. r. 20/20, L. reads, No. 20 of Snellen at one foot. No albumen discoverable. No exudation in right fundus, except the star-like figure. In left eye exudation still abundant. Bowels regular. Appetite good. Complains of nothing but weakness. ℞. Sulph. 30, 3 doses and then Ars. 30, n.

May 23, V. l. 10/50, V. r. 20/20, seems quite well, but is still pale and waxy looking, urine in good quantity. Leaves for Europe.

We have thus made up a budget of cases from our own note-book. Why, oh! why do not our friends send us some clinical matter. We are utterly disgusted with constant hash prepared by the same cook. If our readers share our disgust, please send in a joint, or saddle, or a fowl that shall egg us on into the New Year with uncloyed appetites.

W. S. S.

Book Notices, etc.

AMERICAN HOMŒOPATHIC PERIODICALS.

We condense from *The American Homœopathic Review* of June, and July, 1866., an account of our American Homœopathic Periodical Literature. [Our additions are in brackets with letter L.]

1835.

The American Journal of Homœopathia.—The first periodical of the new system was an octavo of forty-eight pages; the first number of which was published in February, and the three subsequent numbers appeared in April, June and August of the same year. It was edited by Drs. John F. Gray and A. Gerald Hull; the first two numbers bore the imprint of Moore and Payne as publishers, New York, the last two that of Ludwig the printer only. The publication was intended for the profession and intelligent laymen; not to disseminate the teachings of Hahnemann among the public.

Correspondenzblatt der homœpathischen Aertze, herausgegeben durch die Nord Amerikanische Akademie der homœopathischen Heilkunst zu Allentown an der Lecha.—Of this periodical we have been unable to procure a copy. It was published in 1835-36, some *fourteen numbers* only appeared.

1838.

The American Journal of Homœopathy, edited by an association of homœopathic physicians. The above is the title of a periodical which made its first appearance in Philadelphia, in August. It was published by W. L. J. Kiderlin & Co., bimonthly, in octavo form. The editors names do not appear; the contributors were Drs. Paul Wolf, C. F. Matlack, G. Lingen, C. Hering, P. Currie, C. von Bœnninghausen, J. G.

Rosenstein, D. H. Scott, W. Channing, C. Neidhard, P. Bernstein and others. There was but *one volume* published.

1839.

Miscellanies on Homœopathy, edited by an association of homœopathic physicians, was the new title given the volume which made one of the best books to put into the hands of physician or laymen desirous of knowing something of Homœopathy.

1840.

The Homœopathic Examiner.—In January, 1840, appeared the first number of this valuable journal under the editorship of Dr. A. Gerald Hull.

The publication was discontinued from December, 1843, till August, 1845, when a new series was commenced under the care of Drs. Gray and Hempel, and was continued two years. The new series was published monthly, regular octavo size. There was published as an Appendix thereto, *Rueckert's Therapeutics* and *Bœnninghausen's Intermittent Fever.* The first volume was issued by Ludwig, printer, New York; the second by Felt & Co., and the third, the last of the first series, by W. Dean. The new series (two volumes) was published by Radde, New York.

1845.

Homœopathic Pioneer.—By H. Hull Cator, M. D., and L. M. Tracy, M. D., Syracuse, N. Y. By editorial articles, extracts from other journals, reviews of new books, items of news and records of cases in which they were assisted by many homœopathic physicians, Drs. Cator and Tracy succeeded in keeping their subscribers informed of the progress Homœopathy was making. The journal was published monthly, in large octavo form, double columns, sixteen pages. The first number was issued in July. It was published *one year.*

1846.

New York Journal of Homœopathy made its first appearance April 25th, under the editoral supervision of Drs. Kirby and Snow. Only one number was published and this was reprinted under the title of

The American Journal of Homœopathy, edited by S. R. Kirby, M. D., and R. A. Snow, M. D. It was in large octavo form of eight pages (afterward enlarged to twelve) and published every two weeks. On the completion of the second volume in April, 1848, Dr. Snow resigned his editorship and Dr. Kirby continued it alone. It was again enlarged to sixteen pages and appeared monthly, instead of semi-monthly. The publication was discontinued after the issue for August, 1854, that being the fourth number of volume nine. During the period of its publication its readers were kept informed of what was transpiring in the homeopathic school.

1847.

The Sonth-Western Homeopathic Journal and Review was published in St. Louis, Mo. The first number was issued in August, in octavo form of sixteen pages. It was conducted by John T. Temple, M. D., until March, 1850, when the name of Thomas Houghton appeared as editor. The Journal was published monthly and extended through three volumes. It was filled with editorial articles, correspondence, extracts from other periodicals, etc.

1848.

Tne North-Western Journal of Homeopathy, under the editorship of Geo. E. Shipman, M. D., was published in Chicago. By original articles from the able pen of the editor; by contributions from the best writers in our school in this country; by interesting and instructive reports of cases, extracts and translations from foreign periodicals and works, reviews of new books, ets., the journal earned for itself more than a transient or local reputation. It was published monthly in octavo form of sixteen pages, and was continued *four years*.

Michigan Journal of Homeopathy was the title of a monthly periodical published at Detroit, Mich., with John Ellis, M. D., and E. H. Drake, M. D., as editors The first number was issued in November, in duodecimo form, of twelve pages. It was published monthly, contained articles addressed more to the laity than the profession. It was continued a little over *one year*.

1849.

Quarterly Homeopathic Journal.—Edited by Drs. Joseph E. Birnstell and B. de Gersdorf, was the title of a periodical, in octavo form of 144 pages, published by Otis Clapp, of Boston, the first number of which appeared in January. Its object was "to lay before the American reader, scientific and practically useful articles, selected from the current homeopathic literature of the day in Germany and France."

In July, 1852, the first number of the new series appeared under the editorial management of Drs. J. Birnstill and J. A. Tarbell. Two volumes were published; the numbers being reduced in size from 144 pages to 48. The course proposed in the beginning of furnishing translations from the German was carried out in the new series, although there were published many original articles from American contributors. The complete set of four volumes is a valuable accession to a physician's library, furnishing an extensive work on the practice of medicine.

1850.

The Homeopathist was published in Buffalo by Dr. Diocles-ian Lewis, (now well known as Dr. Dio Lewis). It was published about two years and intended to spread a knowledge of Homœopathy among the people. It first appeared as a semi-monthly and afterwards changed to a monthly; it was in octavo form of 16 pages.

1851.

The North American Homeopathic Journal, conducted by C. Hering, M. D., Philadelphia; E. E. Marcy, M. D., New York; J. W. Metcalf, M. D., New York, first appeared in February. It was published by Radde, an octavo of 112 pages, issued quarterly. Under the above management it was continued three years, until November, 1853, when the ill health of Dr. Metcalf, the acting manager, obliged his retiring, and the publication was suspended until August, 1856, when under the title of

The North American Journal of Homeopathy, it reappeared under the editorial management of Drs. E. E. Marcy, J. C. Peters, W. H. Holcombe and H. C. Preston. [It has now (Dec.,

1872,) reached its 82d, quarterly number. The present editor is our esteemed colleague, S. Lilienthal, M. D.,—L.]

Cincinnati Journal of Homeopathy, a monthly periodical of 16 pages, octavo, edited by Drs. B. Ehrmann, A. Miller, and G. W. Bigler, made its first appearance in March. It was published under the supervision of the Society of Homœopathic Physicians of Cincinnati, and contained besides editorial articles, extracts from other journals, reviews of books, proceedings of societies, items of news, etc. It was published *one year.*

The Homeopathic Advocate and Guide to Health, as its name implies was published as a paper for popular reading. The first number was published in April, an octavo of 16 pages; issued monthly by Dr. D. White, Keen, N. H. The publication was continued *one year.*

Homeopathic Medical News Letter, was the title of a quarto sheet of four pages, published in St. Louis, for circulation among their patients by Drs. J. Granger, T. J. Vastine and T. G. Comstock. The first number appeared in September; it was published monthly for *one year.*

The American Magazine, devoted to Homeopathy and Hydropathy; containing also popular articles on anatomy physiology, hygiene and dietetics. Such is the title, which is sufficiently explanatory, of a monthly periodical published in Cleveland and Cincinnati, under the editorship of Drs. J. H. Pulte, and H. P. Gatchell. It was published in octavo form, the first volume contained 32 pages in each number. The second volume, under the title of *The American Magazine of Homeopathy*, being enlarged to 44 pages a month. In April, 1854, under the title of *Quarterly Homeopathic Magazine*, Dr. C. D. Williams joined Drs. Pulte and Gatchell in the editorship, the numbers were increased in size to 48 pages, and the journal was filled with articles interesting to the profession, ceasing to be a journal for popular reading. As a quarterly it was published *one year.*

The Carlisle Journal of Homeopathy was the name of a periodical published in Carlisle, Pa., by Dr. J. K. Smith. It was intended as a popular journal to be issued monthly. The

first number was published in October, an octavo of eight pages. We do not know how long it was continued.

1852.

The Philadelphia Journal of Homeopathy.—In April, under the editorship of Dr. W. A. Gardiner, was published the first number of this monthly periodical. No journal has begun with better promise of success than this, with a list of contributors embracing the names of some of the first physicians of our school. The regular contributors to the first three volumes were, Drs. B. F. Joslin, A. H. Okie, H. C. Preston, J. P. Dake, P. P. Wells, C. Dunham, J. Kitchen, C. Neidhard, W. S. Helmuth, A. E. Small, S. R. Dubs, J. G. Loomis, W. E. Payne. The clinical records, monographs on special diseases, studies of the Materia Medica, provings of remedies, editorial articles, etc., make the first three volumes exceedingly valuable as a work of reference. The fourth and last volume, edited by Drs. W. Gardiner and J. F. Geary, although containing some interesting articles, did not sustain the character of the pre ceeding.

Der Homeopath und diaetische Hausfreund, was the name of a large octavo sheet of eight pages, published by Dr. Dioclesian Lewis, at Buffalo, for circulation among the German laity. It first appeared in July, *only a few numbers were published.*

1854.

The Chicago Homeopath, published in Chicago, by Drs. D. S. Smith, S. W. Graves and R. Ludlam, issued bi-monthly, in octavo form of 16 pages. As a journal designed for the non-professional reader it was the best of its kind. At the conclusion of the second volume, Drs. Smith and Graves retired and was succeeded by Dr. D. A. Colton. [It was discontinued we believe after the third year.—L.]

The Family Journal of Homeopathy, another periodical for the lay reader, was issued in January, at St. Louis, Mo. It was "edited by an association of physicians" for a time, then appears the name of D. White, M. D., as sole editor; another change, and Drs. Temple and White assume the editorial responsibility, again there appears only the name of J. T. Temple,

M. D., as editor. It was published for *one year*, a monthly of 16 pages, octavo.

Madison Homeopathist was the name of a third popular journal that made its appearance in January of this year. It also was in octavo form, of eight pages, issued monthly. It was edited by Drs. Bowen and Giles for the few months of its existence.

The Homeopathic News, edited by Drs. C. Hering and A. Lippe, published by Bœricke and Tafel, of Philadelphia, in large octavo, of eight pages, purported to be "an independent advertising sheet" devoting "at the same time" two pages to "a pinch of all the news of interest to our practitioners, and to the friends of our cause." This matter it was proposed to arrange under separate heads, the eighth and last was the most important and of this head the principal feature was the "mistakes." These latter consisted in publishing the errors of Jahr's New Manual. Mention is made in the *News* of many new remedies, and as the journal is frequently referred to by one of our periodicals we have said more about it than we otherwise should.

1856.

The Canadian Journal of Homeopathy was published for the purpose of disseminating facts relative to Homeopathy, not only among the profession in Canada but also among the public. It was edited by W A. Greenleaf, M. D., and A. T. Bull, M. D. It was published monthly, an octavo of eight pages. It was issued, a few months, from St. Catharines and, the rest of the time, from Hamilton. It was continued about fifteen months.

Medical Investigator was the title of a quarto sheet of four pages, published for a few months at St. Louis under the care of Dr. D. White. It is mentioned here as it was edited by a homeopathic physician and intended as a weekly homeopathic newspaper.

1857.

Le Praticien Homeopathic, published in New Orleans by Dr. L. Caboche. The first number of this journal was issued in November and published monthly, in octavo form, of 24 pages. It was continued a little more than a year.

1858.

North Western Journal of Homeopathy.—Although of the same name and claiming to be a new series of the able journal conducted by Dr. Shipman, this periodical was an entirely different affair. The body of the first number (the only one published) is dated January, the cover bears date May, it was issued in August or September. It purported to be a "Quarterly Magazine of Medicine and the Auxiliary Sciences," and edited by an association of homeopathic physicians. It was an octavo of 174 pages, and filled up with the greatest medley of articles it were possible to put in print.

The Homeopath made its first appearance July 1st, under the editorship of Dr. Chas. E. Blumenthal. It was published semi-monthly by C. T. Hurlburt, New York, in quarto form of eight pages. It was intended as a homeopathic newspaper and advertising sheet. It was published *one year*

American Homeopathic Review.—In the spring of 1858, when Dr. Peters, in the *North American Journal of Homœopathy* was approving and publishing contributions [which were far from being homeopathic, Drs. R. G. Perkins and H. M. Smith, designed this journal. The first number appeared in October, 1858. It was discontinued July, 1866, at the close of its sixth volume. During its publication it contained many excellent papers by Dr. Carroll Dunham, and others.—L.]

1859.

The Homeopathist was intended to be a popular sheet published by Drs. J. M. Buzzell and D. White, at Springfield, Mass. It was to be published monthly, large octavo, of 16 pages. Three or four numbers only were issued.

The Western Journal of Homeopathy, edited by E. C. Franklin, M. D., was started in October, with a view of furnishing the profession in the Mississippi Valley a small frequent periodical, which should be a means of intercourse between them and also keep them posted as to what progress Homeopathy was making elsewhere, It was published monthly, at St. Louis, an octavo of 20 pages.

L'Homoion, organe de la doctrine Hahnemannienne, was first issued in May, under the editorship of Dr. Taxil, at New

Orleans. It was published monthly an octavo, of 22 pages. It was published up to December, 1860.

The Homeopathist was the name also of a quarto sheet of four pages, edited by Dr. J. M. Blaisdell, of Vermont, Ill., who intended by this publication to diffuse a knowledge of Homeopathy among the people. Of his success or the length of time his paper was continued, we are ignorant.

1860.

The United States Journal of Homeopathy.—Drs. Marcy and Preston, on withdrawing from the *North American Journal of Homeopathy*, associated with them fifty-two other homeopathic physicians and undertook the publication of the above journal. It was continued two years when it was merged, as previously stated, into the *North American Journal.* It was published quarterly, in octavo form; the first volume containing 818 pages and the second 694. The first number were published in February.

College Journal, published bi-monthly, at St. Louis, as the name implies, in the interest of the (homeopathic) College.

The American Journal of Materia Medica, edited by Geo. E. Shipman, M. D., published by Halsey and King, an octavo, of 48 pages. Four members of the journal only were published.

The Medical Investigator was first issued in March, by Halsey and King, Chicago, as a popular monthly periodical. After several changes in form and object, first published as a monthly newspaper for the profession and advertising sheet for the publishers. [It now appears regularly as a monthly Homeopathic Journal under T. C. Duncan, M. D., managing editor, and C. S. Halsey publisher.—L.]

1863.

The Western Homœopathic Observer, published by H. C. G. Luyties, at St. Louis, made its first appearance in November as a monthly periodical, containing short and interesting articles for the profession. As an appendix, was published "Examinations on the Homeopathic Theory and Practice of Medicine." It was begun under the charge of Dr. W. T. Helmuth, who has now associated with him in the editorship Dr. G. S. Walker. It was published in an octavo, of 16 pages, afterwards enlarged to 20 pages. [Discontinued at close of seventh volume.—L.]

1864.

The American Homœopathic Observer.

1864.—The first volume contained 192 octavo pages, double columns. Edwin A. Lodge, M. D., Editor and Publisher. Thirty contributors. Subscription $1,00.

1865.—Second volume was enlarged to 380 pages at $1,50. Sixty-six contributors. Edwin A. Lodge, Editor and Pub'r.

1866.—Third volume, enlarged to 576 pages. $2,00 per year. 116 contributors. Edwin A. Lodge, Editor and Pub'r.

1867.—Fourth volume, 500 pages on fine paper, $2,00. 121 contributors. Edwin A. Lodge, Editor. Edwin M. Hale, M. D., Editor of Materia Medical Department.

1868.—Fifth volume, 600 pages, 170 contributors. Edwin A. Lodge, Editor; Edwin M. Hale, M. D., Editor of Mat. Med. Department. Bushrod W. James, M. D., Editor of Surgical Department.

1869.—Sixth volume, 600 pages, 165 contributors, subscription $2,00. Edwin A. Lodge, Editor; Edwin M. Hale, M. D., Editor of Department of Mat. Med. and Special Therapeutics. Bushrod W. James, M. D., Editor of Surgical Department. H. P. Gatchell, M. D., Editor of Department of Physiology and Principles of Med. Thomas Nichol, M. D., Editor of Department of diseases of women and children. L. Younghusband, M. D., L. L. D., Editor of Obstetrical Department. E. W. Fish, M. D., Editor of Department of Chemistry and Pharmacology. Carl Müller, M. D., Editor Department of Pathology and Microscopy.

1870.—Seventh volume, 600 pages. Editors same as for 1869, with exception of the addition of Dr. S. Lilienthal Foreign Translations; Drs. Saml. A. Jones, and D. A. Colton, Department of Pathology and Microscopy.

1871.—Eighth volume, 600 pages, $2,00.

1872.—Ninth volume, 604 pages, $2,50.

Since 1870, with exception of Dr. L. Younghusband whose name was dropped, the Observer has remained under the same Editorial management.—L.]

The American Homeopathist is the name of a monthly journal issued in July, at Cincinnati, under the editorship of C. Cropper, M. D., as a half professional and half non-professional journal. The publication was continued by Smith and Worthington under the editorship of Dr. Jas. G. Hunt, for four years.

1865.

The Hahnemannian Monthly made its first appearance in August. Dr. J. H. P. Frost, Editor.

Vol. 2, Drs. J. H. P. Frost, and Adolph Lippe, M. D., Editors.

Vol. 3, Drs. Frost, Lippe and Robt. J. McClatchey, Editors.

Vols. 4, 5, 6, and 7, (up to the present time.) Dr. Robt. J. McClatchey, Editor.

The United States Medical and Surgical Journal, a quarterly magazine of the homeopathic practice of medicine and medical science in general.

[It was first published under the auspices of the Western Institute of Homeopathy. It is now issued by Profs. A. E. Small, R. Ludlam, W. Danforth, and R. N. Foster, all of the Hahnemann Medical College at Chicago, Ills.—L.]

1866.

The New England Medical Gazette, a monthly journal of homeopathic medicine, surgery and the collateral sciences. Edited by H. C. Angell, M. D.

[This is now issued somewhat irregularly from Boston. Dr. I. T. Talbot, Editor.—L.]

Popular Homœopathic Journal, published monthly, in Elgin, Ill., by Dr. C. A. Jaeger, was an octavo of eight pages, [having an ephemeral existence.—L.]

The Homœopathic Expositor.—[This was the title of an octavo of 16 pages which was published for a few months only by Drs. Douglas and Perrine, at Milwaukee, Wis.—L.]

1867.

[*The American Journal of Homœopathic Materia Medica.*—The first number of this journal was issued in September, 1867. Constantine Hering, M. D., Henry Noah Martin, M. D., editors. Published by Hahnemann Medical College, Philadelphia.

New series commenced September, 1871. A. R. Thomas M. D., General Editor.

This journal is still published and doubtless has before it a career of usefulness and prosperity.—L.]

[*Ohio Medical and Surgical Reporter.*—This bi-monthly journal was commenced January, 1867., Published by Beckwith & Co. Editors. Profs. T.P.Wilson and G.W.Barnes. First volume contained 192 pages.

1868, Second volume, 190 pages. Publishers, Witte & Co.

1869, Third volume, 210 pages. Prof. T. P. Wilson, editor.

1870, Fourth volume, 256 pages. Profs. T. P. Wilson, and H. H. Baxter, editors.

1871, Fifth volume, 384 pages, same editors and proprietors

1872, Sixth volume, ——pages. Profs. Wilson, Buck and. Biggar, editors.

This journal is the organ of the Cleveland Homeopathic College and the profession of Ohio, and is doing a good work. —L.]

1868.

[*The Homœopathic Sun,*—A monthly journal devoted to popular homeopathic information, was commenced in September of this year. Edited by F. W. Hunt, M. D., assisted by other homeopathic physicians. Although conducted with skill by the learned editor, it lived to shine for a few months only.—L.]

1870.

[*The Occidental,* a popular homeopathic periodical, was commenced at St. Louis, by Mr. Hogan, General Agent of N. Y. Homeopathic Life Insurance Company. It did not survive a year. As it was neatly printed and well conducted it deserved a better fate.—L.]

1872.

The Michigan Journal of Homœopathy.—The first number was issued by the faculty of the Detroit Homeopathic College and edited by them. The second has appeared with Dr. E. R. Ellis as Editor and Publisher. These numbers contain the announcement of the Detroit College, and a very small amount of matter of interest to the medical profession.

Of the fifty homeopathic periodicals that have been issued by the American press, only nine are now in existence.

The North American Journal of Homœopathy.
United States Medical and Surgical Journal.
Hahnemannian Monthly.
The American Journal of Homœopathic Materia Medica.
New England Medical Gazette.
Medical Investigator.
Ohio Medical and Surgical Reporter.
Michigan Journal of Homœopathy.
American Observer.

Only one of these has remained under the same general editorial management for the space of nine years. Why so many failures? Why so many wrecks? So many vessels going out with full-spread sails to catch the breezes of professional and popular favor, and only some half a dozen arriving at a port of success. Some had inefficient commanders, others poor vessels, (springing many a leak,) others bad canvas, and others lost both charts and compass.

At the close of this year we pray that the Giver of all Good will enable the conductors of the journals which remain, to profit by the lessons of the past, to adhere faithfully to right principles, to work earnestly for the progress of truth, and to fulfill their mission with the ability which He giveth. *In certis unitas, in dubiis libertas, in omnibus charitas.* E. A. L.

1823—1873.—New York Observer.

Such are the years of that veteran of the Religious Press, "The New York Observer." All hail! say we to our elder brother, who was valiantly at work before we were weaned, and whose pages now exhibit more than ever the vigor and strength of manhood. All hail! and best wishes for another fifty years' course, which is to be initiated with the generous donation to every subscriber of a "Jubilee Year-Book," commemorating fitly the past, and giving encouraging anticipations for the future. We are always ready to commend the "N. Y. Observer" as well as the American to our readers. True to its faith, and faithful for the truth, it is unsurpassed as a family paper.

Send $3 to the publishers, Sidney E, Morse & Co., 37 Park Row, New York; and secure a good paper and the "Jubilee Year-Book.

Biographical Cyclopædia of Homœopathic Physicians and Surgeons of the United States. Illustrated with Steel Portraits. Philadelphia and New York: Galaxy Publishing Company, 1872.

The advance sheets of this work are now going through the press, and will appear in one quarto volume, in the best library style, embellished with portraits on steel, by leading American and English Artists.

The book, as its name implies, is to contain accounts of the Homeopathic Physicians and Surgeons of the United States, whose character and position entitle them to a place in its pages.

The selection has been compiled from the best authorities, and while no name other than those enrolled can find a place in the work—no biography comprehended within its scope can be omitted, whatever time, trouble, or expense may be involved in obtaining the requisite information.

The value of such a work will be readily appreciated by the profession, the general public, and the increasing converts to the Homeopathic system. Its character as a family heir-loom, its instructiveness and usefulness to the young student, and its value as a standard work of reference, will secure for it popularity and a high place in the literature of the profession and in the biographical records of the country.

The North American Journal of Homœopathy, Published by Messrs. Boericke & Tafel, New York, and San Francisco.

The eighty-second number of this quarterly is before us. The North American has been always a favorite, and under the Editorial management of our esteemed colleague Prof. Lilienthal, it is better than ever. Our own pages are enriched by many translations by Dr. L., these are mostly short as best suited to our monthly; in the quarterly more extended and the most valuable papers appear. The first in this issue is one on "Catarrh of the Female Sexual Organs," and "Homeopathic Treatment of Leucorrhœa," the first half of which is from the pen of Prof. H. Hildebrandt and the remainder by Prof. Lilienthal. The whole paper occupies nearly as much space as three-fourths of one of our numbers.

This is followed by a readable paper from the pen of C. G. Raue, M. D., entitled "The Sphere of Conation."

The next article is from our Clinical Editor W. S. Searle, M. D., "Otological hints for General Practitioners" which we have taken the liberty of copying in this number, pp. 559 to 569.

The remaining articles are:

Reflections on Therapy, by Dr. Stens. Rough notes on Aralia Racemosa, by S. A. Jones, M. D. Comparison of Lycopodium and Natrum Muriaticum, by E. A. Farrington, M. D. Cataracts Cured by High Potencies, by Dr. Kirsch Sr. Homœopathy Misapplied, by P. Dudley, M. D. Reviews. Tarantula in Pruritus, by S. Swann, M. D. Practical Hints, by A. K. Hills, M. D. Digitalis, by Dr. Gourvat. Obliteration of the Vena-cava inferior, by Dr. Jobert. Puerperal Mania, by Prof. Leidersdorf. Simulating Blindness, by Prof Schmidt. Variola, by Prof. Stokes. Hydrate of Chloral, by Prof. Erlenmeyer. Ozone-Water in Chlorosis, by Dr. Huller. Editorial. Weissenburg Salt. Errata.

The Subscription price is $4.00 only, per year.

Four Splendid Chromos for Every Subscriber.

Arrangements have been made by which we can offer a year's subscription to The New York "Christian at Work and Eclectic Weekly," with their four magnificent Chromos: "Good Morning," "Carlo in Mischief," "Spring Flowers," and "Summer Flowers," together with our own journal for Five dollars.

As the Chromos alone are worth from $10.00 to $15.00, and as the New York publication is every way first-class, it presents an unusual opportunity to our subscribers. The Chromos are made by Prang and other celebrated artists, and will be forwarded promptly by mail prepaid.

Should any subscriber desire only the two first-named Chromos, they will be sent with the American Observer and the other publications for Four dollars.

Remit to the publisher of this journal.

The Scientific American for 1873: Beautifully Illustrated.

The *Scientific American*, now in its 28th year, enjoys the widest circulation of any analagous periodical in the world.

Its contents embrace the latest and most interesting information pertaining to the Industrial, Mechanical and Scientific Progress of the World; Descriptions, with Beautiful Engravings, of New Inventions, New Implements, New Processes, and Improved Industries of all kinds; Useful Notes, Facts, Recipes, Suggestions and Advice, by Practical writers, for Workmen and Employers, in all the various Arts.

Descriptions of Improvements, Discoveries, and Important Works, pertaining to Civil and Mechanical Engineering, Milling, Mining and Metallurgy; Records of the latest progress in the Applications of Steam, Steam Engineering, Railways, Ship-building, Navigation, Telegraphy, Telegraph Engineering, Electricity, Magnetism, Light and Heat.

The Latest Discoveries in Photography, Chemistry, New and Useful Applications of Chemistry in the Arts and in Domestic or Household Economy.

The Latest Information pertaining to Technology, Microscopy, Mathematics, Astronomy, Geography, Meteorology, Mineralogy, Geology. Zoology, Botany, Horticulture, Agriculture, Rural Economy, Household Economy, Food, Lighting, Heating, Ventilation, and Health.

In short the whole range of the Sciences and Practical Arts are embraced within the scope of the Scientific American. No person who desires to be intelligently informed can afford to be without this paper.

Farmers, Mechanics, Engineers, Inventors, Manufacturers, Chemists, Lovers of Science, Teachers, Clergymen, Lawyers, and people of all Professions, will find the *Scientific American* to be of great value. It should have a place in every Family, Library, Study, Office and Counting Room; in every Reading Room, College, Academy, or School.

Published weekly, splendidly illustrated, only $3 a year.

The Yearly Numbers of the *Scientific American* make two splendid volumes of nearly one thousand pages, equivalent in contents to *Four Thousand ordinary Book Pages*. An Official List of all Patents issued is published weekly. ☞Specimen copies sent free. Address the publishers. Munn & Co., 37 Park Row, New York.

PATENTS: In connection with the *Scientific American*, Messrs. Munn & Co., are Solicitors of American and Foreign Patents, have had over 25 years' experience, and having the largest establishment in the world. If you have made an invention, write them a letter and send a sketch; they will promptly inform you, free of charge, whether your device is new and patentable. They will also send you, *free of charge*, a copy of the Patent Laws in full, with instructions how to proceed to obtain a patent. Address Munn & Co., 37 Park Row, New York.

We can supply the "Scientific American" with the Observer for 1873, for Five dollars; if this amount is paid in advance, at this office before 1st Feb. next.

American Observer.

EDWIN A. LODGE M. D., DETROIT, MICH., GENERAL EDITOR.

AMERICAN OBSERVER FOR 1873.

We desire to print (700) seven hundred pages for 1873, and to make additional improvements. No advance in price of subscription will be made, but we especially desire that all our old subscribers will aid us in procuring new subscriptions. We hope to merit this at their hands. The mechanical execution will be better, and being assured of efficient aid from our Editorial colleagues and correspondents, we can promise that our tenth volume will exceed in value all its predecessors.

Dr. James will give a series of scientific papers on Surgery, which will be well illustrated. At an early day he will commence a series of articles upon "Fractures."

Dr. Nichol has furnished for the January number an article upon "Acute Bronchitis" which will be followed by other thoroughly practical and exhaustive papers upon Capillary Bronchitis, Pseudo-membranous Bronchitis, Suffocative Catarrh and Chronic Bronchitis. Dr. N. will also furnish a series of essays upon the "Animal Remedies of the Materia Medica."

Dr. Searle is alive to the importance of cultivating our Clinical Department.

Dr. Gatchell has been prevented, by indisposition, from writing frequently, but some good articles may be expected on his return to accustomed mental vigor.

Dr. Jones gives us for January number an excellent article, "A contribution to the pathogenesis of Helonias dioica."

Dr. Lilienthal's series of Translations, which have been so acceptable hitherto, will be continued.

Dr. Colton writes upon "The relative importance of different Medical Agents" for January, and will also send other articles from month to month.

Dr. Hale remains at his post an indefatigable worker in the "Materia Medica" department.

Our own interest in the "American Observer" after nine years labor is stronger than ever. We have issued one hundred and eight monthly numbers, in all 4700 pages upon every one of which we have bestowed labor by proof reading, revision or otherwise. We have watched its growth from year to year with increasing satisfaction.

We are well aware that it has not reached the degree of excellence at which we aim, yet its service in the cause is generally admitted. No other journal has been as liberally patronized by the profession. Its influence has been for good. It has been recognized as truthful, practical and progressive.

Some of its peculiarities have been imitated, yet we shall expect to keep in the advance in making known to the profession new remedies, new instruments, and every improvement in Medicine and Surgery.

At the close of the year 1873, being the tenth volume, we expect to print a complete classified index of the whole series which will add to the value of the journal as a work of reference.

While occasionally attending to local interests we shall never forget that we have in charge a journal which belongs to the profession—"The Homeopathic Practitioners of America." It shall never become the organ of any mere party, ring, society or college. We will continue to afford encouragement to all laudable efforts, and may be expected to fearlessly rebuke all quackery and deception as heretofore.

We hope for such success in obtaining a large increase of our subscription list that we shall be able to pay for acceptable contributions. Good writers should be paid liberally for their labors. At present all that we can promise is to send the Observer (complimentary) to all who write regularly for our pages. If each of our present subscribers will send us one more cash subscription we shall be able to do more.

The subscription price for "The American Observer" for 1873 is

TWO DOLLARS AND FIFTY CENTS,

payable in advance. If the amount is sent before 1st of February, we will return a receipted bill, and send free a copy of Ruddock on Consumption, Hill's Epitome, or Douglas on Homœopathy, which ever may be preferred.

FOR THREE DOLLARS AND FIFTY CENTS

The Observer for 1873 and an unbound copy of the Observer for any previous year since 1864, which unbound copy will be sent promptly by mail prepaid.

FOR FOUR DOLLARS

Two copies of Observer for 1873 to any address, or one copy for 1873 and one copy of any previous year since 1864, unbound.

FOR FIVE DOLLARS

We will send two copies for 1873, and a bound copy of "The Christian Unionist," 252 pages; or we will send one copy of Observer, one copy of "Eclectic Weekly and Christian at Work," and the four chromos—"Good Morning," "Carlo in Mischief," "Spring Flowers" and "Summer Flowers."

FOR FIVE DOLLARS AND FIFTY CENTS

Three copies of Observer.

FOR SIX DOLLARS AND FIFTY CENTS

We will send one copy of Observer for 1873, and also, postage prepaid, one copy of "New Remedies," third edition, just published.

FOR SEVEN DOLLARS.

Four copies of Observer for 1873, or any year since 1864.

FOR EIGHT DOLLARS

We will send two copies of the Observer for 1873, or for any other year, since 1864, and one copy of "New Remedies," or five copies of Observer to any address desired.

FOR TEN DOLLARS

We will send one copy of "New Remedies," two copies of Observer for 1873, two copies for any previous year since 1864: or six copies of Observer for 1873, or for any previous year since 1864.

FOR FIFTEEN DOLLARS

We will send Observer for 1873, one copy of "New Remedies," new edition, and one set of Observer since 1864, unbound.

FOR TWENTY DOLLARS

We will send two copies of Observer for 1873, two copies of "New Remedies," new edition, and one complete set of Observer since 1864, unbound.

FOR TWENTY-FIVE DOLLARS

We will send ten copies of the Observer for 1873 to as many different addresses, and give a complete set of the Observer since 1864.

☞ We will allow one dollar for the numbers of Observer for 1864, or 8 cents each for any numbers for that year in order fit for binding.

Colleges, Societies, etc.

DETROIT HOMŒOPATHIC COLLEGE.

Prof. Hempel, (by an amanuensis) wrote us from Grand Rapids, Nov., 19th, 1872 :

EDWIN A. LODGE, M. D.,—*Dear Doctor* :—On my return from Europe, our stay at the depot in Detroit was so short that I had no time to call at your office, as I very much wished to do. I learn from the last number of the Observer that the faculty of the Detroit Homeopathic College is not all that it should be.

I have always held Doctor Younghusband in high esteem, and, I trust that he will be able to clear himself of the charge of having obtained his medical diplomas in an improper manner.

At our Convention in Lansing, Doctor Spinney, indulged in a violent diatribe against the plan of organizing a separate Homeopathic department of the University in Detroit or elsewhere ; I am astonished that the doctor should now be a member of the faculty of the *present* Homeopathic College of Detroit.

This is an additional proof to my mind that honest principles had very little to do with the opposition which that gentleman, as well as others * offered to the plan proposed.

I wish the Detroit College enterprize success, but I am still, and always shall be of the opinion that, if a Homeopathic College is to be established in the State of Michigan, it ought to be organized as the Homeopathic Medical Department of the University,with a full corps of Professors *of the highest standing in the profession*, and in all respects equal, if not superior to those of the old faculty, enjoying the same privileges, the same position in the University, the same facilities for teaching, and the same emoluments. Unless we can organize a Homeopathic department upon such a basis, there does not seem to be any necessity for any additional medical colleges besides those which are already existing in the Western States.

The Cleveland College has so far enjoyed a very fair reputation, although the recent advocacy of Darwinism by a member of its able corps of professors, must have impaired its usefulness. The Chicago Homeopathic

* Those who attended the Michigan Institute meeting at Detroit, Sept., 1868, will recollect that Dr. Younghusband declared that a College apart from the University at Ann Arbor, would be, after all, a mere *side-show*.

L.

College is pre-eminently distinguished for the efficiency and ability with which Homeopathy and the collateral medical sciences are taught.

It seems to me better to send our students to these schools than to undertake the establishment of *private* colleges in our own State which, in view of the feeble means with which they are started, are more likely to prove failures than successful enterprises.

I am sorry to say that my health has not been benefitted by my European trip. On my return home from Italy via Vienna, Dresden, Berlin, Paris and London, my strength declined to such an extent, and my sight grew so feeble that I was utterly unable to visit a single professional friend in England. You may well suppose that my inability to enjoy a friendly talk with my British colleagues, must have proved a great trial and privation to my spirit.

A winter's rest by our own fire-side may perhaps restore my energies sufficiently to enable me to once more cross the Atlantic, and to shake hands with my warm-hearted English friends. My greatest trouble now is, a weakness of sight, a mistiness and indistinctness of vision, which renders it impossible for me to distinguish small print or to write a line. In Vienna my eyes were repeatedly examined by Professor Artel, who was unable to discover any structural defect whatever, and who gave it as his opinion that the peculiar species of Amblyopia with which I am afflicted, is the result of over-work and constitutional exhaustion.

As the state of my health will not permit me to travel this winter, I shall be very happy to see you here.

We have sold our old home and have taken apartments in Lyons Block, on Monroe Street, adjoining the Rathbone House.

With my best wishes for your health and happiness,

I remain truly yours, CHARLES J. HEMPEL.

UNIVERSITY OF THE STATE OF NEW YORK—MEDICAL EXAMINATIONS.

At a meeting of the Regents of the University, held at the Capitol in the City of Albany, on the 12th day of November last, an act of the Legislature "relating to the examination of candidates for the degree of Doctor of Medicine," passed May 16, 1872, which was laid before the Regents in August last, was again considered. An application was received from the Homœopathic Medical Society of the State of New York, for the appointment of a Board of Examiners, pursuant to the first section of said act, which was supported by petitions from twenty-six counties in various parts of the State. A delegation from the State Society also attended the meeting.

After full consideration of the subject, the application was granted by the Regents, and the following Board appointed: John F. Gray, LLD. M. D., New York, President of the Board; Erastus A. Munger, M. D., Waterville; Wm. H. Watson, A. M., M. D., Utica; Henry B. Millard, A. M., M. D., New York; Wm. S. Searle, A. M., M. D., Brooklyn; Frank L. Vincent, A. M., M. D., Troy; Horace M. Paine, A. M., M. D., Albany; Henry N. Avery, A. M., M. D., Poughkeepsie; John A. McVicar, A. M., M. D., New York.

DETROIT HOMŒOPATHIC COLLEGE.

In what is called the "Michigan Journal of Homœopathy" under the head of "conspiracy exposed," some statements are made in regard to physicians of Detroit, that to persons not fully acquainted with the facts might seem derogatory. This journal it is hardly necessary to tell the profession, is chiefly characterized by slander of some, and sickening laudation of others. The large practice mentioned is one instance. The gentleman referred to does a large practice, but returns an income less by several thousand dollars than many other physicians in this city, as an examination of the Revenue Books show. All the journal says about L. Younghusband, A. M. M. D. LL. D., being warned not to come to Detroit is most likely simply false, and we ask the publication of any such letters or warnings.

Certainly what it says about a Doctor Drake is simply untrue. Dr. Drake wrote two letters to Dr. Sidney B. Wright of Wyandotte, to whom it was said L. Younghusband sold a bogus diploma. In the first he told Dr. Wright to send him his diploma, and if the charge was not true that he (Dr. Drake) would publish a refutation of it over his own signature in the daily papers, at his own expense. Dr. Wright not complying with that friendly request, Dr. Drake wrote him again, saying that he intended to publish some of Younghusband's doings in the papers, and that if he had got involved in a bad scrape and would acknowledge it, his name would be omitted in the publication. This is the "bribe" that was offered Dr. Wright, and all of it. Dr. Ellis is at liberty to publish both letters in full.

It is true L. Younghusband was a member of the Michigan Institute of Homœopathy, but at that time this bogus diploma business had not been exposed, and the Institute did not go back of the *mere fact* that he "had a diploma." When "L. Younghusband, A. M. M. D. LL. D." came to Detroit and assumed to represent Homœopathy, by becoming president of what is named a Homœopathic College, took the most important position in such college, and advertised himself in the daily papers as "one of the foremost physicians in the west," his professional record and standing became legitimate subjects of investigation and comment. We have availed ourrelves of that privilege, and are willing to abide the judgment of the profession on our conduct, and also that of all honest men and women everywhere.

As stated in the Observer for November, the charge was made by Dr. McNeil, his former student, that Dr. Younghusband had obtained two of his medical degrees in a disreputable manner. McNeil's statement in this regard appears to be verified. When Dr. Younghusband first came to Mount Clemens in 1865, the following advertisement appeared in the paper of that place.

"L. Younghusband, A. M., M. D., Graduate of Nova Scotia and New York, etc."

The very wording of this is deceptive. If he had wished to advertise himself as a graduate, instead of saying "of New York" why did he not say of Bellevue Hospital College New York, or of the Homœopathic College New York. The fact that he did not is evidence of something wrong. Is not this M. D., the one from the Laight street Water Cure establishmeut, and the M. D., upon which he obtained his special degree from the Homeopathic College of Pennsylvania?

Cleveland Hunt Esq., a respectable Lawyer and esteemed citizen of Detroit, when McNeil's charges were first published, was sent by a person who had been induced by misrepresentations to make a subscription for the benefit of the college, to investigate the matter.

Mr. Hunt says that he examined Younghusband's diplomas, and that he had in his possession at that time a diploma from the Water Cure establishment in New York, one from the Philadelphia University of Medicine and Surgery, and one from the Homeopathic Medical College of Pennsylvania.

Of how much value a Diploma from the Laight street Water Cure College would be, as evincing ability to practice medicine, the following advertisements taken from the "Herald of Health," will show:

"Are you going to New York? If so, and you wish to stop where you can feel at home, and get good food healthfully prepared, and plenty of it, go to the Hygienic Institute, Nos. 13 and 15 Laight Street. Horse Cars pass near the door to all parts of the city, making it a very convenient stopping place for persons visiting New York, either upon business or pleasure. Open at all hours, day and night. Board by the day or week, at reasonable rates. Rooms can be secured in advance by writing. Address, Wood & Holbrook, Proprietors, Nos. 13 and 15 Laight Street, New York.

"The New York Hygienic Institute, 13 and 15 Laight Street, New York City. A. L. Wood, M. D., Physician. The object of this institution, which has been in successful operation for more than twenty years, are two-fold, viz: 1. The Treatment and Cure of the Sick, without poisoning them, by Hygienic agencies alone. 2. To furnish a pleasant, genial Home to friends of Hygiene throughout the world, whenever they visit this city.

If the learned Doctor had attended this Institute of *good living* for any length of time, his recent appearance in a con-

vention of *fat men* as duly chronicled in the Daily Post, might easily be accounted for. But as Dr. McNeil states he did not attend there at all (and as other statements of the Doctor are proved to be true, we are not at liberty to doubt this) the answer to the question, "on what meat doth this our Cæsar feed, that he hath grown so great"? must still remain *am-big-uous*.

But this President of the "Detroit Homeopathic College" and Professor of Theory and Practice therein, is not only charged and proven with having obtained his own Medical degrees in the manner shown in the American Observer for November, but is also charged with having obtained and sold diplomas to parties who had read medicine but a few months, and that one of these parties is now practicing medicine in this county. Is not this statement rendered probable by the fact that the name of Lancelot Younghusband occurs in the lists of graduates of the Philadelphia University of Medicine and Surgery for two successive years, (viz.) 1868 and 1869. It was the practice of this "Philadelphia University of Medicine and Surgery" to not only have its agents traveling over the country selling its diplomas but, they were often left *blank* to be filled up with the name of the aspirant for its doubtful honors. Now it will be conceded we think, that however ambitious Lancelot Younghusband might be to multiply his titles, one diploma from the *renowned* and notorious "Philadelphia University of Medicine and Surgery" whose charter was annulled by the Legislature of Pennsylvania for these disreputable if not criminal practices, would satisfy the most vaulting ambition.

McNeil states that Dr. Y. sold one of these bogus diplomas to J. Worthington Stewart, now Jehiel W. Stewart's name is in its list of graduates.

Is it not a little strange that Dr. Ellis should be so sensitive as to threaten a prosecution when it is charged that the "Detroit Homeopathic College" graduated last spring students on short time, and yet be so perfectly oblivious to the charge and evidence, that the *President* of his *College* and Professor of *Theory and Practice* therein never graduated at all, in an honorable way, and it is questionable if he ever attended a course of medical lectures, and when these charges are so well sustained and now tacitly admitted. Consistency thou art a jewel once more!

These charges were brought to the attention of Dr. Younghusband in the American Observer, and space generously offered him to refute them, but he has not done so.

Dr. Younghusband is represented as a very non-combative

individual, choosing rather to suffer obloquy, than to take the trouble to set himself right!

But, if he is the possessor of such lamb-like meekness, and is so reckless of his own reputation, he should have sufficient regard for the fair reputation of Homeopathy and his professional brethren, to either show the charges to be untrue or cease to occupy a position where he is looked upon by the community as its and their most prominent representative.

This man with such a record assumes to be President of a Homeopathic College! Is given the most important chair in it: and is upheld and defended by his confrères who are fully aware of the facts in his case.

Two other professors in this college, that is going to revolutionize the present system of medical education by making it dirt-cheap, endeavor to attract attention, (viz.) Spinney and Chase. They issue handbills in the most approved style of the most accomplished Quacks. These handbills are covered with wood cuts in pairs, one showing the condition of the patient as he or she enters their wonderful "Medical and Surgical Institute," and the other their condition as they come out. The cures represented are little less than miraculous. Curved spines no longer curved; clubfeet, club no more, blotched faces assume angelic beauty; running noses dry up! These handbills declare the wonderful ability of the two professors in the treatment of "Female and private diseases" enumerating long lists of each "*ad nauseam*." They are scattered among our citizens, thrown into vehicles, and spread upon the fences.

The "Detroit Homeopathic College" faculty winks at all this in seemingly profound admiration: and these men are professors in what is called a "Homeopathic College!" One of these erudite professors in a sheet called "the People's Teacher" declares his ability to read disease by merely looking at the patient, and prescribes in accordance with such transcendental ability, crude tinctures in poly-pharmacy style.

This "Detroit Homeopathic College reminds one of the fellow in New York who cried "hot mince pies, hot mince pies." When he was remonstrated with for crying "hot mince pies" when they were all frozen, he naively replied "That's the name of e'm."

We ask all honorable members of the profession, and all honest men, to pass judgment on our conduct. Could we in in Detroit have any regard for the fair reputation of Homeopathy and any professional self respect, and not remonstrate against any one with such a medical record, becoming the self constituted representative of our profession, or being

foisted into such position by a few unscrupulous individuals. Would it be right? Would it be justice to the community? We thought not and think so still, and confidently appeal to the sense of honor in the profession everywhere to sustain us. We have said naught in malice, nor have we preferred any charges that we do not sincerely believe on good evidence to be true. We are ready and willing now, and have been all the time, to recant anything and everything that can be shown to be untrue.

What can be thought of a college that will maintain a man with such a record in its most important position, and that will sanction such quackish advertisements as two other of its professors publish and circulate. Could it be thought strange that they would graduate students on short time? What can be thought of a journal gotten up for the express purpose of defending such practices, and assailing with its calumnies all who have the manhood to expose them. There is much talk about jealousy, among the Detroit physicians who do not favor this scheme, yet they were urged time and again, to take an active part in this school, that has so little that pertains to a college except its charter under the general law. No library, no museum, and little or no apparatus for illustration.

We have thus given the profession some of the facts. We think we have not said anything that is not susceptible of reasonable proof.

If with these facts before them verified, as they are, the members of the homeopathic profession in this and other States, choose to countenance and recognize the "Detroit Homeopathic College" as fit to educate young men and women for the responsible duties of the physician, they must do so, but for us in the name of honesty and professional honor; in the name of homeopathy, whose fair fame is thus tarnished, and in the interest of the community whose welfare is intimately connected with and dependent upon having honest and well qualified practitioners, we earnestly, sincerely and decidedly protest.

E. H. DRAKE.

A CIRCULAR has been issued by the "*Detroit Homœopathic College*," since the above article of Dr. Drake's was set up. It publishes a resolution of the students wherein they state that they "are satisfied the charges of Dr. Lodge" respecting Dr. Younghusband are "*frivolous*," etc. This *evasive* treatment will not satisfy the homeopathic profession. We have not published anything malicious, slanderous or false. Dr. Drake holds himself personally responsible for the article above which bears his signature. Such an array of testimony—facts—cannot be put off with "frivolous," etc. That Dr. Y.'s name was once on our list of editors, and regarded as competent, does not help him. *We dropped his name when his incompetency was discovered. If we had retained it after his diploma deceptions were known, then we should be as censurable as the Detroit Homœopathic College.*

E.A.L.

Personal Notices, etc.

DUNHAM.—Dr. Carroll Dunham. The Editor *British Monthly Homœopathic Review*, says: "We have heard with great regret that the health of this eminent New York physician haa so completely broken down as to compel him to relinquish all professional and literary duties for some time to come. Dr. Dunham proposes spending the winter in the South of France, and hopes to be in England during next summer, when we are sure that he will receive a hearty welcome from all who can appreciate a thoroughly earnest and useful laborer in the field of medicine. We sincerely hope that Dr. Dunham's retirement from active work will be only temporary, and that complete rest during the next twelve months may completely restore his health."

JAMES.*— David James, M. D., prominent among the older Homœopathic physicians of Philadelphia is Dr. James: a man of such conceded integrity and so punctilious in the etiquette of his profession, that he has the rare good fortune of having no enemies.

Dr. James was born at Radnor, March 14. 1805: studied medicine with Dr. George McClellan of this city, and was graduated at Jefferson College in 1828. After a years practice here, he removed to Byberry township, 15 miles north, and was a partner with Dr. John Worthington. Here he married Miss Amanda Worthington, who is still living. Succeeding to Dr. Worthington's practice at his death, Dr. James in 1841 commenced to employ his studies in homœopathy and to prosecute them more vigorously. His successes induced him to discard allopathy entirely, while they steadily increased his business: and it was equally creditable to himself and his fellows in the allopathic practice that their personal esteem remained intact.

In April, 1855, Dr. James returned to Philadelphia and settled at 1013 Green St., where he has resided since. His practice, at an early day, equalled his ability, and has only been met in its expansion by the admission of his youngest son, John E. James, M. D., to partnership. Dr. James is also the father of the distinguished surgeon, Bushrod W. James, M. D., whose name is honorable and widely known: and of William H. James, a successful counsellor-at-law in Western Pennsylvania. An active and leading member of the M. E. Church, for half a ceutury: always employed in some good work outside of but harmonizing with his profession. Dr. James is a happy example of the fruit that follows industry, intelligence, activity and a conscientious adherence to the right.

CODMAN AND SHURTLEFF.—Our friends will be gratified to learn that during the disastrous fire which laid in ruins most of the business part of Boston, they were so fortunate as to have entirely escaped all direct loss; their store, factories, stock and machinery are in their usual condition, no attempt at removal even having been necessary, They join in the sympathy we are sure will be universally felt for those less fortunate.

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* From advance sheets of "Biographical Cyclopedia of Homœopathic Physicians and Surgeons."

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